

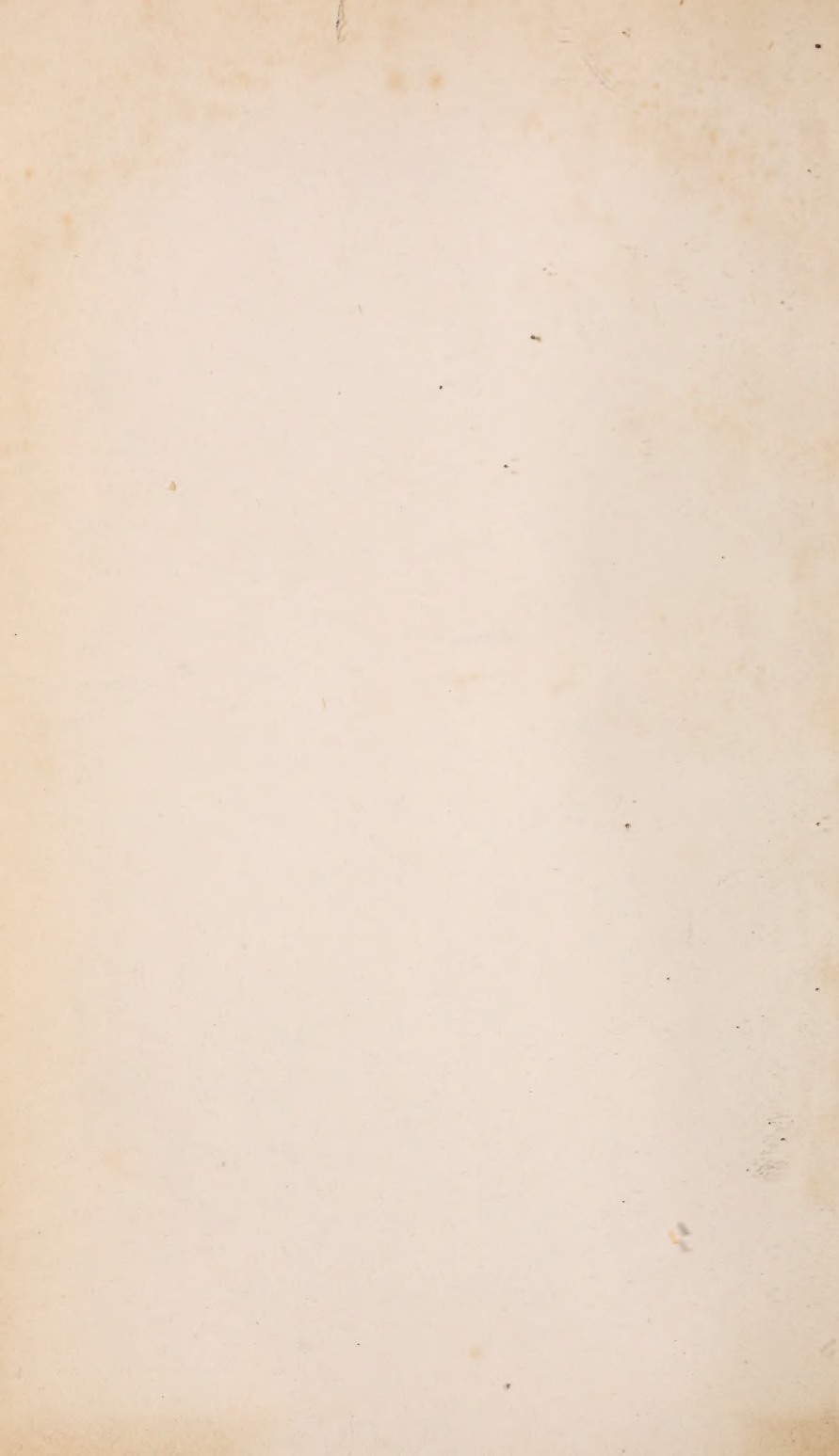
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AMERICAN
JOURNAL OF INSANITY,
FOR JULY, 1875.

RESPONSIBILITY OF THE INSANE—HOMICIDE IN INSANITY.

BY JOHN P. GRAY, M. D., LL. D.

[Read before the Association of Medical Superintendents of American Institutions for the Insane, at Auburn, N. Y., May 1875.]

One of the most perplexing problems in jurisprudence consists in determining what constitutes accountability. The moral element which enters into the question renders it especially difficult. In criminal cases, the question, what constitutes responsibility, in the eye of the law, is of the highest consequence to the public as well as the individual. The conditions upon which the law excuses from responsibility are two. First, idiocy or imbecility to the degree of incapacitating the person from acquiring the elements of ordinary mental culture, so as to render him unable to distinguish right and wrong, as ordinarily accepted among mankind. Second, insanity, a disease of the brain, by reason of which there is produced a change in the individual in his way of thinking, feeling and acting,

[How far the education of idiots and imbeciles may influence the question of their responsibility, before the law, is a point that has not yet been brought before our courts, either in civil or criminal cases. It certainly is an important question in respect to this class.]

and in consequence of which the judgment becomes so obscured that he is unable to distinguish between right and wrong, or to realize the moral quality of any particular act. By this, is not meant the ability to differentiate, merely between right and wrong in the abstract, (for the insane generally are able to do this,) but to know the nature and quality of an act so as to be able to exercise a choice of action, under freedom of will. This implies a power of acting and thinking rightly, independently of any overshadowing effect of disease tending to disturb the operations of the mind. This constitutes the legal test of responsibility.

The question, therefore, in a case of homicide, is not simply whether insanity exists and is *ipso facto* a bar to punishment, but whether there is insanity of such character and degree as to render the person legally incompetent to commit a crime. The law undertakes, through the courts, to set forth what legal competency is.

If any one should give himself the labor of reading carefully the opinions of courts on this point for the past half century, he would settle down to the conviction that judges differ as well as doctors. However, courts have this great advantage that the latest decision of the highest tribunal, however it may differ from preceding ones, and without reference to the eminence of the judges rendering the judgment, is the law until changed by further decisions.

Indeed, a careful reader must be impressed with the fact that there has not been a satisfactory formulation of opinion on this question by courts. "While experts may be called to testify as to states of mind and conditions of health, it is for the court to declare whether such states and conditions constitute irresponsibility."

Wharton and Stillé, § 193.

I have said the moral element renders the question difficult. Two elements must enter into any attempt at elaborating a formula or definition, viz.: The ability to judge of the moral quality of an act, and the ability to control one's action in accordance therewith, in the particular instance in regard to which the question of responsibility arises. It is plain that any inability of moral judgment or of control, to constitute such irresponsibility, must be the offspring of disease of the brain. There is a wide difference between such a condition and that kind of delinquency, which has its foundation in ignorance, in vice, or in any voluntary abandonment to irregular, dissipated or vicious habits of thought and living, where habitual indulgence in criminal thoughts and acts obscures or obliterates the moral sense and thus incapacitates for the true perception between right and wrong, and impairs the ability to properly choose or direct one's actions.

“If the speculations of the school or closet lead us to the belief that insanity may sometimes occur through the dominating power of a mental habit, without the intervention of disease, such opinions will be found foreign to the practical questions to be decided in courts of criminal justice. However interesting it may be to the psychologist to trace the growth of a vicious indulgence in some passion or instinct through all the gradations of mental habit, until he feels himself justified in denominating the result, a state of insanity; he must not forget that in the trials of criminal supposed to be insane, the question is not alone respecting the existence of insanity, but respecting that of irresponsibility also. The man who would claim for a criminal, exemption from punishment or the plea of insanity, arising from the vicious and uncontrolled indulgence in some passion or emotion, would have to establish not only the existence of such a form of insanity, but to defend two other positions; namely, that a man is not responsible for conduct resulting from vicious habits of mind, provided the latter gain over him a complete mastery, and compel him, contrary to all dictates of prudence, to actions injurious to society and ruinous to himself. And secondly, that neither the fear, nor the infliction of

punishment, will prove efficacious in preventing the repetition of such acts.

It would be a puerile employment to show the untenable nature of such positions, and it must suffice to express in this place our conviction, that insanity resulting solely from vicious habits of mind without disease, cannot confer irresponsibility for criminal acts; and that punishment, or more properly speaking, corrective discipline, is competent to restrain its mischievous manifestations.

Cicero says, that all fools are insane; and Hale, that all criminals are insane; and when folly and criminality have reached their climax and borne their fruits, it is not an edifying spectacle to behold the psychological physician stepping forward for the purpose of claiming immunity for the offender.

The element of disease therefore in abnormal conditions of mind is the touchstone of irresponsibility; and the detection of its existence or non-existence is the peculiar and oftentimes the difficult test of the psychopathist."—*Bucknill Criminal Lunacy*, pp. 29.

This distinction between actual disease on the one hand, and mere demoralization on the other, should always be kept in mind. So also a vicious education from childhood, or entire ignorance, can not, in law, excuse from the consequences of criminal acts, although their subjects may be able to distinguish but very imperfectly between right and wrong. There may be such a suppression or perversion of moral sense as to prevent or confuse the exercise of ordinary judgment, as to the rights of others. Such was probably the case in the boy Pomeroy, of Boston, who was recently tried and convicted of torturing, and finally murdering children. I recall a similiar case, that of Mike Ferguson, who was hung in Ithaca, a few years ago, for murdering two persons, in the most brutal manner, and afterwards setting fire to the house. After sentence, an appeal was made for commutation to imprisonment for life, and the Governor directed me to examine him. I found him weak-minded and incapable for the acquisition of the rudiments of education,

to a marked degree, but he was not an idiot and was not insane. He knew the consequences of such a crime, and endeavored to conceal it by burning the buildings and escaping. He carried away the axe with which he committed the crime, and dropped it into the middle of the lake. He was indifferent to his fate, said he should do the same thing again under similar circumstances. I considered him a pronounced imbecile, and recommended commutation, but the Governor did not deem it advisable to interfere with the course of the law, as the law, through the court, had already considered the question of his condition. If the prisoner knew what the law was, and the consequences of his acts, and sought to evade these consequences, by concealment of the crime, and was neither an idiot nor insane, he ought to suffer the penalty of the law.

There may be, and there doubtless are such cases, in which clemency is proper, and can be exercised in the interests of humanity and good government, but they represent no phase of insanity, since the element of disease is not present.

The character of an act, however atrocious, can not become an element or factor, in the question of irresponsibility, except as shown to be the offspring of disease of the brain. I use the words disease of the brain, as I do not wish to be understood, even by implication, as having any sympathy with the doctrines of a reflex or spinal-cord mind. Insanity consisting of a group of physical conditions, and mental manifestations, and being a departure of the individual from his normal standard of physical and mental condition, a standpoint of judgment must be chosen for each individual case. Insanity is not a given sum of mental weakness and aberration. It is variable as found in different individuals. Furthermore, it can not be expressed in any

fixed formula of language, by setting forth certain characteristics, as present or absent. Medical science has aimed to give such a formula or definition, as would embrace a central, universal, dominating characteristic, something pathognomonic, around which the peculiarities of individual cases might be grouped, but even this has not been successfully accomplished. Indeed, at the starting point we are met with the fact that doctors, and especially experts, are not agreed as to what insanity is, much less responsibility. Turning to works on insanity, and particularly to works on jurisprudence, one can not but be struck, not only with the failure to give a satisfactory definition of insanity, but with the positive disagreement as to its essential nature. Whether it affects the whole mind, or is partial, only affecting certain faculties, so-called; whether it is an actual disease of the mind, and may exist independently of morbid conditions of body, or, whether the whole man, body and mind is not merely a physical thing, with only such responsibility as social law or expediency may give it. While doctors disagree, the courts assume all the responsibility. They lay down the test of right and wrong as heretofore stated, and reserve the right and power of saying what insanity before the law is, and what responsibility is. They ask the intent of the crime? From what it springs? The moving incentive or motive? These are all embraced in the power of seeing the right and wrong of a given act. The legal test does not raise the question, as to whether the individual has or has not a general knowledge of right and wrong, but simply as to the act for which he stands charged, and makes excuse. It is no answer that the insane generally know right and wrong, and are largely governed by the same motives by which they were governed in health. Lawyers do often ask

this question of experts, and it is generally answered in the affirmative. This test suggests no conflict between law and medical science. The plea in defense, is incapacity, loss of direction of mind, loss of power over the will, insanity, a man not himself, really in essence the same as the legal test suggests or demands. To declare a man insane, would seem to be sufficient to cast a doubt on all his acts. However, it is claimed, as before suggested, by medical men, who are recognized as experts, that the whole judgment is not necessarily clouded, that parts of the mind are clear and untouched, that a man may have an unclouded intellect, but be insane in his moral nature. That obscuration and aberration, are not so much questions of degree, as of kind; that insanity is of two kinds, one of the intellectual, and one of the moral man, or intellectual and moral insanity. Further, that these two kinds might be present in the same individual, in various forms and combinations, or that a man might have various forms of either kind; that only a part of the intellectual nature might be involved, or a part of the moral nature, or a little of both.

To those who believe in the absolute divisibility of mind, who are truly phrenologists, such a theory must be acceptable. By those who believe in the unity of mind, and hold that the mental being consists of a moral and intellectual nature indissolubly combined, such a theory could not be received or entertained.

Now if insanity has a physical basis and is actually a disease of the brain, which is now generally admitted, it ought not to make any difference in determining as to responsibility, whether the individual is intellectually or morally insane. In fact to be morally insane would be the worse of the two. Right and wrong are moral considerations. Mere intellect can not take into consideration the moral quality of the act. Bucknill says:

"The sense of duty, the feeling of right and wrong, is an innate principle of the human mind, implanted by the Almighty, and serving as a sure foundation for the responsibility of man for his actions; which is thus not left to chance development, but is rendered an essential and necessary part of human nature." (*Crim. Lun.* pp. 29.)

If moral insanity exists, then the test of right and wrong is absolutely necessary, as it applies to the quality of the act. It would only remain then to diagnose the disease. One authority says, "without psychological knowledge, the most experienced superintendent of the insane is incompetent; for the question whether one function of the mind can become insane while the rest remain sane is to be decided, mainly on psychological grounds." (*Wharton and Stillé*, § 275.) The same authority says in another connection. "By almost all modern psychologists, by all the governmental forensico-legal experts of Germany, by whom such great breadth and ability of diagnosis is exhibited, and by whom such unparalleled patience and compass of induction are exercised, by at least a preponderating weight of opinion among English and American alienists, the theory of distinct moral monomania, the mind remaining sane, is not only repudiated but denounced." (§ 196.)

It is in regard to crimes that the question of responsibility is most serious. The experience I have had in the observation and treatment of the insane leads me to the conclusion that differences in cases are due to degree and not to kind of insanity, modified by habits of thought, education, social influence, &c. That cases of mania, melancholia and dementia are not to be divided into kinds, as moral and intellectual, but into degrees of intensity as to mental obscurcation, breadth of delusions and enfeeblement of mental action.

I do not, at this time, propose to discuss at length the question of the existence or non-existence of monomania, as claimed by certain writers. It is rather my purpose here to give a series of clinical cases, which have passed under my personal observation for a period of twenty-five years past, embracing a large number of cases of actual homicide, as well as unsuccessful attempts at homicide, and threats looking to such a crime.

One of the tendencies of the progress of physiology, in our day, unfortunately, has been to lower the estimate of our moral nature, by ascribing to it an exclusively physical basis. If this latter were true, as a postulate, then we should expect to find moral degradation, keeping pace uniformly with physical deterioration; since by no possibility could the moral nature, if a constant dependent upon the physical, stand at all when the latter was undermined. But what are the true facts? What does the field of clinical medicine daily reveal to us? Why simply this, that the majority of diseases, and among them the most wasting in their extent of blood and cell, as phthisis, cancer, marasmus, produce no corresponding deterioration of the moral nature. A man may indeed be depressed in dyspepsia and hopeful in consumption, but those states are only passing clouds or gleams of sunlight, upon his mental or moral horizon, which in no sense necessarily involve his moral affections. They do not impair or destroy his love of truth, his hatred of wrong, or essentially affect the manner in which he discharges his duties as a citizen to society. So that the argument from nature rather sustains the view that the moral nature is something intended to remain, as it was originally placed, above the immediate reach of physical causes; and, therefore, whenever it is reached by them it is through changes which are not directly nor exclu-

sively material, but by a surrender of the individual to excesses on the one hand and their consequences, or on the other to deteriorating popular errors in hygiene, in its broad sense. Thus, for example, in a circle of society where pallor and a certain valetudinarianism are considered marks of high birth and culture, and in which these marks are sustained by certain conditions of life, robustness and ordinary sensibility would be looked upon as a declension in tone of blood. This actual and cultivated physical deterioration is by no means necessarily marked by moral declension.

Responsibility is not measured by any physical standard, nor is crime. If crime be, as some assert, simply or possibly automatic, a something springing out of the physical nature, then all law, under social organization, is a conspiracy against our nature, and men would have no more right to punish each other for infractions of law than they would have to punish each other for being born with bodily defects. All social order rests on either voluntary self-restraint, or forcible. The moment a man loses his capacity of self-control he becomes dangerous to the well-being of society, and in consequence should be restrained, either as a criminal or an insane person. But in neither of those conditions are his acts automatic. Automatism can not be predicated of thought occupied with external things as its originator or ultimate purpose. We are acted upon by things outside of ourselves before we return an act towards them. Hence, some consciousness and reflection accompany the initiatory stages of any human action. The error of a purely physiological view of mental action consists in giving it an exclusively physical origin and basis, regardless of the fact that mind has acted with great vigor in many conditions of bodily disease, involving various organs, and

the nervous system, and even the brain. Thus men like Robert Hall and Heinrich Heine, the victims of spinal disease, unquestionably acting, by sympathy of contiguity at least, upon the brain, have produced immortal works in which nothing like impaired mental and moral power can be detected. Such examples, which experience could multiply indefinitely, should make us wary of accepting theories of mental action, purely gratuitous, as these illustrations show. On the other hand it is not safe to affirm absolute independence of mind on bodily influence, for all clinical experience teaches the contrary. The golden mean lies in acknowledging a limit of the power of each over the other, though we may never be able to fix the exact line where physiology ends and psychology begins. But it is apparent enough that the mind is always the superior in endurance, and in consequence is not readily dethroned by causes, however material. It is nevertheless true that when mind does give way the evidences are generally first seen in the moral affections. Could we eliminate from human experience such dominant subjects as domestic life, religion and social law, all coming within our moral nature, the regions of the passions and affections, the character of lunacy would itself be modified as well as our ideas of crime and responsibility. But we are constantly to take into consideration moral ideas either in the form of duty to God, to kindred, to society as well as to self. Unless this is done, the moral nature, born of physically produced, and unrestrained tendencies, is swept away. To this extent, therefore, crime may have a physical basis for its execution, though not necessarily for its existence in man. M. Despine in his attempt to unfold the etiology of crime has treated it mainly as a problem in physiology which view if logically carried out would undermine all re-

sponsibility and establish for absolute truth and justice a doctrine of expediency, and necessitate the most absolute despotism to save society from drifting into anarchy.

In reality it is not a problem of either physics or metaphysics, exclusively, but of both, and the factors which enter into it, are as manifold as those which go to make up character, as parentage, sex, temperament, education, habits of body and mind all of which must be considered. A diagnosis in criminal cases, requires searching into all the past, as well as the present circumstances of the individual's life. In this way alone can we differentiate between the sane, and the insane man. Thus we ascertain his original and normal standard, and are able to mark the departure from it, whether by disease or demoralization.

And since neither physics nor metaphysics alone, can decide the question, apart from the personal characteristics of the individual case, so we are reminded that it is by keeping constantly in view the original dual nature of man, that we can resolve with any approximation to correctness and justice, problems of criminal responsibility.

A striking characteristic of the criminal class, as a whole, is not an enfeebled physical condition, recognized at a glance, as in the insane, but on the contrary, a state of robustness of health, with power of endurance of the vicissitudes of season and exposure, interruption of sleep and irregular diet, and all without apparent affect. Many of this class, make good soldiers and sailors, and conquer circumstances under pressure. Surely then the physical sensations, which are assumed to prove the invariable basis of crime, must be tonifying, rather than debilitating agents, since they so closely simulate health, and but for the crime, would be called perfection of functions.

In order to reconcile these patent contradictions in the premises, it is then assumed that such persons are psychologically insane, although they present this high type of physical life, and present no higher symptoms than belong to the ordinary exercise of free will. Killing, certainly, is not to be taken as a proof of insanity or disease, and neither are stealing or lying any more than levity out of place, or any other oddity of behavior.

However, in the case of Mrs. McCarthy, tried in Utica, a few years ago, for shooting at a man and killing another person in a street car, which she had deliberately watched and entered, two doctors, one of whom had had an experience of some years with the insane, testified to the instantaneous character of insanity, and one of them that the purpose to kill, was the essence of the insanity, and the shooting, both the culmination and cure of the disease, as it relieved the morbid feeling.

The case of Sickles, that of General Cole, and that of McFarland, were of the same type.

I see no ground on which to rest an hypothesis of an impulsive insanity, or to justify an incorporation in our medical jurisprudence of such a form. I can not conceive of a homicidal act, impulsive, without motive, delusion, or passion, simply a so-called impulse to kill, and a careful analysis of clinical cases, under my own observation, as well as a large experience in the examination of criminals, sustains this view. Impulsive disease can not exist. The term impulse used to describe certain acts of the insane, executed suddenly, and without apparent premeditation, may be proper enough, as qualifying a mental state during an act, as impulsive homicide, but this does not justify the transposition into homicidal impulse. Such transposition would show, not that the acts were apparently unpre-

meditated and sudden, but that in the mind there was suddenly generated a murderous impulse, an irresistible power, which, without the intervention of reason, or any intellectual act or motive, suddenly impels to the physical act. Man is not the prey of blind impulse.

In presenting actual cases of insanity, in which crimes were committed, I desire to determine, as far as possible, what the influencing motives or conditions are, as by clinical cases only, can the problem be solved. I present them under a slight modification of the divisions, suggested by Dr. Bucknill, some years ago, in his most admirable monograph, on "Criminal Lunacy." His classification was as follows:

I. Those wherein the crime has been occasioned by delusion, and no reasonable person can doubt or object to the irresponsibility of the offender.

II. Wherein the offender, though suffering from mental disease, has committed the crime under the influence of some motive, not of a delusive character.

III. Where with general symptoms of cerebro-mental disease, neither delusion, nor motive for the crime, are discoverable."

The fifty-eight cases of homicide here presented, may be classified under the following divisions:

I. Those in which the crime was the direct offspring of delusion.

II. Those in which the crime was committed during a paroxysm of insanity.

III. Those in which the crime was committed by manifestly insane persons, from motives and conditions which might influence a sane mind, as anger, revenge, mistaken identity, drunkenness, &c.

IV. Cases of epilepsy, in which the crime was committed while the persons were in the epileptic circle, or changed mental condition, following the fit.

V. Cases of mania à potu.

VI. Cases of delirium tremens.

VII. Not insane.

MOTIVE OR DELUSION UNDER WHICH THE HOMICIDE WAS
COMMITTED.

In thirty-nine cases the patients were laboring under definite delusions which apparently controlled their action. In eight cases the homicide was committed during a paroxysm of insanity. Of the three cases of the third division, one committed the homicide from personal hatred and revenge, one from mistaken identity and one while intoxicated. There were five cases of epilepsy; two of them committed the homicide in a maniacal paroxysm, and three in the condition of mental disturbance, following the fit. Of the latter number, two acted from delusions, and one denied all recollection of having committed the alleged crime. One case of *mania à potu*, committed the crime, during a paroxysm, and had no recollection of it. Of the two cases of delirium tremens, one feigned dementia after recovery, and the other, though said to have had the disease, asserted he was merely drunk at the time; manifested no evidence of the disease when committed to the Asylum. Four were not insane, of these one feigned acute mania, and one was an intemperate imbecile.

FORM OF INSANITY.

	Men.	Women.	Total.
Dementia,	10	2	12
Melancholia,	4	8	12
Chronic Mania,	8	1	9
Epilepsy,	3	2	5
Acute Mania,	5		5
Sub-Acute Mania,	3	1	4
Paroxysmal Mania,	1	1	2
Paresis,	2		2
Delirium Tremens,	2		2
Mania à Potu,	1		1
Not Insane,	1		1
			<hr/> 58

The preponderance of cases of dementia among the men, and of melancholia among the women, is noticeable.

MODE OF COMMITTING HOMICIDE.

By Shooting,	12
By Beating with Stone, Chair, Plank, Club, &c.,	11
By Stabbing,	8
By Blows from Axe,	8
By Cutting Throat,	6
By Choking, Smothering, Strangling,	5
By Cutting with Knife, Razor, Hoe, Handsaw,	4
By Throwing Victim out of Window,	1
By Drowning,	1
By Poisoning,	1
By Roasting,	1
	<hr/>
Total,	58

The whole number of persons killed was sixty-eight and several were more or less severely wounded.

SEX.—Of the fifty-eight persons who committed homicide, forty-three were men, and fifteen were women.

AGE.—Under twenty years two men and one woman.

Between twenty and thirty, seven men and two women.

Between thirty and forty, fourteen men and seven women.

Relating to Fifty-eight Cases of Homicide, committed by persons subsequently admitted to the N. Y. S. L. A., at
Utica, N. Y., from 1843 to 1875.

Between forty and fifty, thirteen men and four women.

Between fifty and sixty, seven men and one woman.

Between sixty and seventy, one man.

The youngest was a boy of eighteen, and the oldest a man of sixty-four years.

The great majority, thirty-seven in number, were between thirty and fifty years of age following the usual rule, regarding the time of the occurrence of insanity.

HABITS.—Fourteen men and thirteen women were reported as being of temperate habits; twenty-five men and two women were intemperate; while in four men the habits were unascertained.

HEREDITY.—Fourteen men and four women were said to have had an hereditary tendency. This is nearly thirty-three per cent. of the whole number.

TIME.—In thirty-eight cases, the homicide was committed in the daytime; in ten cases in the night time; in four cases in the evening, and in six cases the time was unascertained. In ten cases there were evidences of preparation and deliberation in the commission of the act.

SUICIDAL.—Seven men and four women attempted suicide after the commission of the crime.

RESULTS.—Eighteen were transferred to the Criminal Asylum at Auburn; sixteen were discharged recovered; six died in the Asylum; four were removed to County Asylums, profoundly demented; three were discharged by order of a Court; five eloped; two were removed by friends; one committed suicide; one was returned to prison for sentence, and two remain in the Asylum.

We give the histories of the preceding cases with such detail of facts as we have been able to obtain.

CASE I.—Admitted May, 1843. Male, aged 32, laborer, no education, no religious belief, a man of bad habits; chronic mania following prolonged ill-health; killed the adopted son of his brother-in-law by repeated stabs with a pitch-fork and knife. The murder was premeditated, well-arranged plans of concealment were laid and carried out, the instruments were carefully washed, and the body buried under the barn. His motives were grounded in personal hatred and revenge. He had always borne the reputation of being a bad man. The act was committed in the daytime. Demented, and after nineteen years was removed to the County Asylum.

CASE II.—Admitted September, 1843. Female, mother of a family, aged 44, of common education, good habits, and even temper. Paroxysmal mania, commencing at climacteric period. During one of her paroxysms, while in a furiously maniacal state, she cut the throats of two of her children, and attempted the life of her husband. When homicidal was always suicidal. The act was committed in the daytime. Discharged, recovered.

CASE III.—Admitted May, 1845. Male, aged 40, a cabinet-maker, of intemperate habits. Under the delusion that he was the object of plots and evil designs, he killed a neighbor's wife by stabbing and burning. It was early in the morning, and she was in bed with her child. He set the only door of the house on fire, and on her attempting to escape, struck and stabbed her with a stick, in the end of which a piece of iron was inserted. She had three ribs broken and received a punctured wound of the thigh, was severely burned and died soon after. The patient barricaded himself in his shanty which was entered through the roof by the officers. Transferred to Asylum for Insane Criminals. Case reported, with evidence, in *AMERICAN JOURNAL OF INSANITY*—January, 1846.

CASE IV.—Admitted August, 1846. Male, aged 25, a boatman, no education or religious belief, but of fair morals and an industrious man. The hereditary tendencies in the case are not known. In a paroxysm of violence and insanity, killed a man in daytime on a canal boat, with a pike pole. Was tried and sent to the State prison, where he was found to be insane. Had there frequent paroxysms of insanity, in which he made desperate assaults upon several persons, and was a very violent and dangerous man. His epileptic paroxysms succeeded each other at brief intervals, and marked his periods of violence. Died in the Asylum.

CASE V.—Admitted October, 1848. Male, aged 40, a wealthy land speculator, of intemperate habits; was a violent, revengeful, suspicious man. At the first outbreak of an attack of acute mania, stabbed a man in the street, in the daytime, under the delusion that he was following his footsteps to rob him. Recovered, and eloped from the Asylum.

CASE VI.—Admitted January, 1850. Male, aged 50, farmer, of violent and ungoverned temper, a drunkard; was laboring under chronic mania, caused by his prolonged intemperance. One morning openly stabbed a neighbor, under the delusion that he was unkindly disposed to him. Was tried, convicted, and sentenced to prison for life. Was there found to be insane, and sent to Asylum. Was a very dangerous man, constantly secreting and making instruments with which to kill those whom he disliked. After three years he escaped, and died on his way home.

CASE VII.—Admitted October, 1850. Male, aged 30, a laborer, of good habits, of hereditary taint. Had an attack of acute mania, induced by fatigue and anxiety; the first indication of which was a maniacal frenzy, during which, as a matter of resistance, under the delusion that he was about to be murdered, he stabbed two men on the deck of a steamboat, and then jumped overboard. Act was committed in the daytime. Discharged, recovered.

CASE VIII.—Admitted November, 1850. Male, Sandwich Islander, aged 30, a sailor, of good habits, educated. His purse was stolen by the steward of the vessel while in port; and under the impression that he was doing right, he stabbed the steward, when an attempt was made to arrest him. In maniacal frenzy he killed two men by stabbing, and wounded several others: was finally shot down and captured. Acute mania continued for some time. Was acquitted on the ground of insanity. Discharged, recovered.

CASE IX.—Admitted June, 1851. Male, aged 51, of intemperate habits; had an attack of melancholia, induced by his vicious indulgences. One morning, after breakfast, shot a neighbor, under the delusion that he was plotting against him. Gave himself up to the authorities, evincing no regret or sorrow. Discharged, recovered.

CASE X.—Admitted March, 1852. Female, aged 58, of insane parentage, a worthy member of the Baptist church. Had an attack of sub-acute mania, caused by domestic trouble. In a par-

oxysm of maniacal passion she killed a neighbor's child by dashing its head against the wall. She was also suicidal. Discharged, recovered.

CASE XI.—Admitted April, 1852. Male, aged 32, a gardener, of good habits, inherited insanity from his father. He had deserted his wife in Ireland, and was living with another woman. Had an attack of acute mania and was sent to Blackwell's Island; after a time became quiet, and his mistress was allowed to take him out on pass. The same night, he killed her by stabbing, under the delusion she was plotting against him. Continued a very dangerous man, and after some years was transferred to the Asylum for Insane Criminals.

CASE XII.—Admitted April, 1852. Male, aged 35, a laborer, was an intemperate man, and of intemperate ancestry. Was for some time depressed and suspicious. One morning he went forth deliberately and knocked down and stamped upon a kinsman until he was dead, under the delusion that he was inimical to him. The following day he passed into an acutely maniacal state, demented rapidly, and died of general paralysis before the end of the year.

CASE XIII.—Admitted March, 1853. Male, aged 29, a boatman, of intemperate habits, and of insane parentage; had been in a melancholy state for some months. His father went to his room one evening to ascertain whether his son was at home. Having no light, he repeated his name several times. Patient, who was dozing upon his bed, sprang up, thinking his father was shouting for help, seized a club, and encountering him in the dark, killed him by a single blow. Was demented when admitted to Asylum. Discharged, recovered.

CASE XIV.—Admitted June, 1853. Male, aged 42, a peddler, of intemperate habits; was demented from long continued dissipation. He loaded a gun one morning, and under the delusion that he was obeying a command of God, shot a man who was plowing in a neighboring field. Was very suicidal. Died in the Asylum.

CASE XV.—Admitted August, 1853. Male, aged 33, a cabinet-maker, of good habits, a Swedenborgian; killed his brother-in-law with an axe. The act was committed in the evening and in connection with some family difference. On second trial, after prolonged imprisonment, was acquitted on the ground of insanity. Was subsequently discharged by the Court as not insane.

CASE XVI.—Admitted March, 1854. Male, aged 42, farmer sober and industrious, of a kind and amiable disposition. Hereditary taint in family. Had twice suffered from insanity. Suddenly, and without assigned cause, became gloomy and depressed; talked much about his soul, and the earthly and future welfare of his family. Read his bible a great deal, finally secluded himself, and on one occasion prayed for thirty hours in succession, without rising from his knees. Thought he could look directly into heaven, and converse with the Saviour. Suddenly became composed, took his razor very deliberately, and cut his wife's throat to the vertebræ, producing instant death. He then made a similar attack upon his daughter, who, however, escaped from him with the remainder of the family. Patient at once sank into profound stupor, refused food, rapidly emaciated, and was brought to the Asylum demented. Subsequently retained only a dreamy recollection of the homicide. Discharged, recovered.

CASE XVII.—Admitted May, 1854. Male, aged 56, a quiet, industrious man, the father of ten children. Was slightly intemperate, rather reserved in disposition, but kind to his family. Began to complain of intense headache, became jealous of his aged wife, and cross to his children. One morning walked out to the woodpile, procured an axe, returned to the house, knocked down his wife, dragged her to the door, and deliberately cut off her head. The children fled and aroused the neighbors. Patient gave himself up and desired to be hung. On opening of the Court he was so evidently insane that he was sent to the Asylum without trial. When admitted, was laboring under dementia. Seldom spoke of the act, of which, however, he had a perfect recollection. Discharged, recovered.

CASE XVIII.—Admitted May, 1854. Male, aged 40, shiftless and uneducated, abjectly poor, lived with and was supported by his sisters. Was addicted to the free use of intoxicating drinks; was of insane parentage. Became silent, pale and emaciated; soon imagined that he was possessed of great wealth, which his neighbors were trying to get away from him, and under this delusion procured a gun and shot one of them. Was brought to the Asylum, and in a few months died of general paralysis.

CASE XIX.—Admitted August, 1854. Female, aged 36, of an even temper and gentle disposition. While nursing her child, and in rather delicate health, contracted an ungrounded jealousy of her husband. This continued for two years. At times she was also

suspicious of and violent toward others. One morning locked herself in the house and barricaded the windows and doors. Attempts were made to gain admission, when, in a paroxysm of maniacal passion, she seized her children by the feet and dashed their heads against the wall, fracturing the skulls of two, one of whom died. She was brought to the institution in a state of dementia, and was subsequently removed to the County Asylum. Discharged, unimproved.

CASE XX.—Admitted February, 1855. Male, aged 45, a clergyman, of academic education; of insane parentage, of intemperate habits, and violent, ungovernable disposition. Had an attack of *man'a á potu*, during which he made a murderous assault upon his family with a razor. He killed one child, and wounded others. After a trial, in which the jury could not agree, and pending a second, was sent to the Asylum on order of Judge. Feigned dementia. He eloped in 1855. Not insane.

CASE XXI.—Admitted May, 1855. A laborer, of temperate habits, but of violent, passionate disposition. Became very angry with his wife on account of her refusing to sign a deed of conveyance. Subsequently killed her and three children with a knife. Committed the act in the daytime. Did not deny it, but said he had his reasons for it. Was demented when admitted. Was long imprisoned before being sent to the Asylum. Had a large scrofulous tumor upon his neck; said that he had always had it. Died.

CASE XXII.—Admitted October, 1855. Female, aged 35, German, religiously educated, and of gentle disposition; had dementia following child birth. Had a delusion that her husband was not really married to her—that he was an adulterer. On his returning from his work at noon, one day, he lay down to rest while his dinner was preparing. Falling into a light sleep, the wife seized the opportunity to cut off his head with a hoe. Became profoundly demented, and was discharged by order of Court.

CASE XXIII.—Admitted March, 1856. Female, aged 27, of insane parentage, religiously educated, member of Episcopal church, of great evenness and gentleness of disposition; was subject to periods of depression, owing to the intemperance of her husband, poverty, disappointment, and home-sickness. Had attempted suicide. One Sabbath morning, and while she was laboring under depression, her husband left to go fishing. In his absence she seized an axe, killed four of her children, and cut her own throat. Demented, and was transferred to County Asylum.

CASE XXIV.—Admitted April, 1857. Male, aged 22, a shoemaker, unmarried, habit of self abuse. Procured a pistol, went to a road which farmers, returning from market, were accustomed to travel; was invited by a man, whom he supposed to be a farmer with money, to ride with him; rode some distance, then got behind him, shot and robbed him, and threw the body out of the wagon; drove into Jersey City, and offered the team for sale, claimed he had purchased the pistol to defend himself against enemies; heard voices threatening him; was so manifestly insane that on preliminary examination at trial was sent to Asylum, whence he was transferred to Asylum for Insane Criminals. Case reported, with evidence, in *AMERICAN JOURNAL OF INSANITY*, January 1858.

CASE XXV.—Admitted May, 1857. Man, aged 53, married, five children, farmer, good habits, native New York. Patient had been a hard-working man, and had by his labor acquired possession of a large and valuable farm. He was on bad terms with neighbor whom he shot, and had not spoken to him for twelve years. This neighbor had done many things to irritate and annoy him, and patient suspected that he had injured his stock, as breaking the legs and ribs of his pigs, stabbing his horse, &c., an instance of which occurred the day before; annoyances had angered him; he had been moody and suspicious, a condition which was afterward on trial, attributed to insanity; this was the state of feeling between the parties when the homicide was committed. On this occasion the murdered man drove by his house several times, and purposely attracted his attention; the man took a double barrelled gun, advanced to within six feet, and without uttering a word, discharged the contents of one barrel into his groin; a struggle then ensued, in which the second barrel was discharged into the other groin. The victim lingered for eighteen hours. The man was sent to jail, after some two months was tried, acquitted on the ground of insanity, and sent to the Asylum. He remained fourteen months, but gave no indications of insanity, disclaimed the idea of being insane, and said he was induced to make this plea by his counsel, with a view of escaping the consequences of his crime. Not insane.

CASE XXVI.—Admitted April, 1858. Man, aged 52, married, butcher, intemperate, Catholic, native of Ireland, reads and writes, heredity unknown. Two years before admission, he shot a man who owed him money. The act was committed on the Suspension Bridge, American side, but the wounded man died in Canada.

After about one year, the prisoner was tried and though the plea of insanity was interposed as a defense, he was convicted of murder in the first degree. The question of jurisdiction was then raised, and immediately after its settlement, or about two months before his admission to the Asylum, he showed, as was supposed, symptoms of acute mania. An inquisition *de lunatico* was held, the prisoner was declared insane, and sent by the County Judge to the Asylum. On admission he was noisy, talkative, called physician the Pope, uttered oaths, which he called his prayers. He, however, presented no physical signs of mental disorder. His simulation was at once detected, and in two days he dropped all attempts at feigning. He was kept in the Asylum for seven months, and upon repeated careful examinations and the absence of any signs of insanity during the whole period, he was returned to the county authorities as a case of simulated insanity, and was within three days sentenced to be hung. Immediately thereafter he became again noisy and restless, and in about a month died in jail, from erysipelas. Not insane.

CASE XXVII.—Admitted February, 1859. Man, aged 48, widower, cooper, common education, Catholic, hereditary and previous habits unknown. Patient had for two years had periods of violence, and during one of these shot his wife with a gun, under the delusion that he “had a mandate from the Lord.” He made no effort to escape, was arrested and indicted for murder in the first degree. He was so manifestly insane, that he was sent to the Asylum upon the order of the Court. During the whole time he was under observation, he maintained he was commanded to commit the act. In the periods of excitement to which he was subject, he attacked others under the delusion, that they were instrumental in his killing his wife. At intervals he employed himself, and expressed great regret for violence committed when under excitement. He gradually became quiet and demented, and after seven years was discharged by the Court, as a harmless lunatic.

CASE XXVIII.—Admitted June, 1859. Man, aged 32, single, longshoreman, intemperate, Catholic, no education, native of Ireland, heredity unknown. He was arraigned on the charge of manslaughter, for having killed his brother. They were both intemperate men, but lived together on good terms. The testimony shows that upon the night of the homicide, the brother was intoxicated and boisterous, and that the patient took him to the room to keep him quiet, and prevent his being arrested by the

police. The witness who with his wife lived in a room near by was aroused by a scuffle between the brothers. On knocking at the door, the brother asserted patient was choking him, but he denied it, and said he was trying to keep his brother in. On being again disturbed, witness said he found patient talking but the brother made no reply. On going a third time to the door, witness was told by patient not to come again, as they were not making any noise. Soon after twelve o'clock, witness was awakened by patient who desired some matches. The request was refused, but in a short time, he came again, and said his brother was dying, witness said you choked your brother, he replied "he wanted to choke me but I was the better man." Witness went in, there was no light, and found the brother lying across the bed, dead. The tick was torn and the straw was scattered about the room. The wife of the witness confirmed the foregoing statements. To the policeman who was summoned, and who accused him of the murder, he answered, "I did not mean to do it, he struck me first." Dr. Moses H. Ranney, Superintendent of the City Lunatic Asylum on Blackwell's Island, testified, that he had been an inmate of the Institution for some sixteen months, and left there two years before. That while there he "fancied certain persons attempted to poison him," and that at time of present examination patient told him "that within a few days an attempt had been made by a fellow prisoner on his life, who tried to choke him, he resisted, and a fight was the result." A verdict of not guilty, on the ground of insanity was rendered, and he was sent to the Asylum. For a period he was quiet, walked up and down the ward, talking to himself, but was irritable if in any way disturbed. At length he became interested in the stock, especially the pigs, which he claimed as his own, and helped in their care. He often demanded wages for his labor, and presented accounts for thousands of dollars. He was transferred to the Asylum for Insane *Criminals.

CASE XXIX.—Admitted September, 1859. Woman, aged 49, married, two children, common education, member Presbyterian church, good habits, native of Scotland, not hereditary. For two years she had been melancholic, lost all interest in her household affairs, and at intervals was much depressed. At those periods asserted that she and her children were coming to want, spoke of killing her children because they were not respected as they had been, and it was better for them to die than to live. About two months

before admission, she got up in the night, and having put a stone in a stocking, killed her son with it. Armed with a similiar weapon, she walked twelve miles to the house in which her daughter was stopping, intending to kill her, but was arrested before she could accomplish the act. She was sent to the Asylum by order of the Court of Oyer and Terminer. After about fourteen months she recovered and was discharged by the Court.

CASE XXX.—Admitted September, 1859. Man, aged 40, widower, eight children, iron worker, no education, uses liquor and tobacco, native of England, not hereditary. About a year before the homicide, he had his skull fractured by the fall of some bricks. He was treated in the New York Hospital, and discharged from there six months before his admission to the Asylum. Previous to the injury he had borne a good character and was a mild and inoffensive man. After leaving the Hospital he suffered much from headache, of a severe character, situated near point of fracture. He lost memory and became excessively irritable and violent if crossed or opposed in any way, and was sleepless. Three months before his admission, he killed his wife during a paroxysm of excitement, by striking her repeatedly with a chair. He was arrested and lodged in jail, but denied any knowledge or recollection of the crime. He did not manifest any realization of the occurrence until sometime after, and when it had been frequently told him. He was sent from jail to the Asylum, on the order of the County Judge. For a long period he suffered from headache and was at times irritable, but manifested no tendency to commit violence. He was emotional and sensitive to the remarks of other patients; although able to do light work, any unusual exertion or exposure, brought on a return of the headache. He became more equable in his feelings, and feeble-minded, remained in the Asylum four years, when he eloped. He has since died.

CASE XXXI.—Admitted July, 1860. Woman, aged 30, married, had one child, wife of a small farmer, not a church member, reads and writes, good habits, native of Saxony, heredity unknown. Since the age of puberty, patient complained much of headache and depression of spirits, and at irregular intervals had been quite melancholic, refused to see any one, was inclined to wander away, and threatened to commit suicide. The paroxysms occurred at menstrual periods, which were never regular or normal. Four years before the homicide she gave birth to her only child, after which she was in more feeble health, and the periods of depression

recurred more frequently. She had been suffering from one of these attacks some ten days, when early one morning she went into the fields, and told her husband, the little boy was lost, but insisted he should not leave his work to look for him. After about a half an hour, the father becoming anxious at the absence of both mother and child, went to the house in search of them. It was deserted, but he found the child on the bed, and a note in the handwriting of the mother, across the forehead, which read, "the child died an easy death." She could not be found, but sometime after made her appearance. She denied having killed it, but stated that while engaged in praying with the child it suddenly died. The following night she with others watched with the body, and appeared to them quite rational. The next morning at about six o'clock, she went out but nothing was thought of it until her husband's razor case was found upon the table, empty. She was discovered in the barn with her throat cut; neither artery was injured, but the trachea was partly divided. The examination at the coroner's inquest showed that the child died of asphyxia, as the lungs were deeply congested, and in places ruptured. Some ten days after the commission of the homicide she was brought to the Asylum upon the order of the County Judge. She had eaten little for a week and was emaciated, seemed to have a partial realization of her condition, said she strangled her child "that it might go to heaven." After admission she was quiet, taciturn, seclusive, took food reluctantly and sparingly and slept little, on the sixteenth day she succeeded in hanging herself.

CASE XXXII.—Admitted January, 1861. Man, single, aged 18, reads and writes, smokes, temperate, native New York, not hereditary. Was subject to attacks of epilepsy, from the age of twelve years. The fits varied in frequency from one a month to several daily, and their duration from five to fifteen minutes. After the occurrence of the disease, he made little progress in his studies. There was also a marked change in his character, he lost self-control, had periods of excitement, and was at times ugly, was emotional and governed by his passions. He had been sent on two occasions to a hospital, for treatment, without any benefit. His father was a carpenter, and though he was not capable of learning the trade, he acquired some manual skill, and occasionally did work for a widow who kept a variety store near his residence. He was fixing some shelving for her, when about midday she was found murdered in her store; her body was much mangled by having been cut with a hatchet. Search was made and the patient

was arrested as he was walking the street, his hands and clothes stained with blood. His epileptic and irresponsible condition was proved, and he was sent to the Asylum by order of the Court. He remained some twenty months and during this time improved materially. His seizures were infrequent and he gained in mental strength. At this time he eloped from the Asylum through the connivance of his friends and enlisted in the army. He returned from the service, and subsequently married.

CASE XXXII.—Admitted December, 1861. Man, aged 31, laborer, common education, Catholic, intemperate, not hereditary. Was a bright, active boy, and at the age of nine came to America with his mother. He afterward lived with, and supported her by his earnings. She indulged in the use of stimulants, and he had an occasional spree. His first attack of insanity occurred in 1854, immediately after, an unusual indulgence in drinking, while celebrating the fourth of July. He was then suspicious of people, and had the delusion that there was a conspiracy against him, but soon recovered his ordinary health. Just prior to the attack in which the homicide was committed, he had been working and lifting quite hard, was engaged to be married and was interested in an amateur theatrical company. As he expressed it, "I got money, Shakespeare, negro minstrels, and matrimony, all mixed up," and afterwards became acutely maniacal. He was again suspicious, and had the delusion of conspiracy against him, and that he was the third person of the Trinity. This was his condition on Saturday, the day before the homicide. On Sunday he threw his mother from a fifth story window of the room they occupied, and killed her. Of the circumstances immediately attending the occurrence we have no knowledge, and he persistently denied any recollection of them. He was arrested and continued violent and maniacal. In the prison he was very talkative, obscene and profane, and struck the physician who had care of him. After some three weeks he was examined, declared insane and sent to the Asylum by order of the Court. For a few months he was abusive in speech, irritable and indolent, then became quiet and industrious. In September, 1862, he had another severe maniacal attack, was suspicious, refused food under delusion of being poisoned, and had the same delusion that he was the third person of the Trinity, and was dangerous and violent. He continued in this condition some two months. In 1863 during the months of July and August, he was irritable and depressed. In 1864 and 1865,

he had a recurrence of maniacal attacks, characterized as before. In a letter written after his recovery from the attack in '64, he says, "that I conceived I was the third person of the Trinity is a positive fact, and the same conception came into my head, the first time I was sick here and the last time; now it is singular that it is only while the attack lasts that I believe this. I do feel ashamed when I come to myself and think it over." From this time he was quiet and industrious, though somewhat feeble-minded until late in 1869, when he again became maniacal. The attack was marked by same delusions as were before given. He was transferred to the Asylum for Insane Criminals.

CASE XXXIII.—Admitted October, 1862. Man, aged 50, widower, three children, farmer, common education, Baptist, temperate, native of Connecticut, paternal aunt and sister insane. At the age of twenty-five, was thought to have phthisis pulmonalis. He, however, subsequently married, and improved in health, though he has since been somewhat of an invalid. About a year before the homicide, he became depressed and despondent, was restless, timid, suspicious of his neighbors, worried much about the state of the nation, and lost interest in his business. He continued gloomy and melancholic until about three days before, when he became noisy, restless, sleepless and suffered much mental agony. Being left alone with his mother, he killed her by cutting her throat with a razor, he then fell on the floor, frothed at the mouth, had muscular twitchings of the face, and remained insensible for an hour. After his return to a state of consciousness he remembered the occurrence, and asserted that he did it under the belief, that to prevent the destruction of the world, a sacrifice was demanded of him, and he heard the voice of God commanding him to commit the act. He was so manifestly insane, that he was not tried, but was admitted to the Asylum a week afterward, on a bond as a private patient. He was then sleeping little, had a variable appetite, and was much emaciated,; continued sleepless and depressed, had headache and was confused in speech. After five months in the Asylum, he writes to his friends, "it seems as if I had been handled by some unaccountable and irresistible power, you can imagine my feelings, I can not express them. The last days I spent at home, seem like a dream, nearly extinct at first, but made plainer by thinking of it." He also expressed delusions in regard to his neighbors and friends, which he retained for some ten months. He gradually improved in health, gave up his delusions, and after some eighteen months was discharged recovered.

CASE XXXIV.—Admitted April, 1864. Woman, aged 40, married, three children, good habits, common education, not a church member, native of New York. Mother and sister have been insane. Had been married some twelve years, but during the whole time had not enjoyed good health, was subject to “nervous spells.” Her third child was born nine months before the infanticide, and she was after that time in more feeble health. Two weeks before, she attempted suicide by taking a teaspoonful of arsenic in molasses. This proved an overdose, and she vomited it. In killing the child, she first beat its head with a stick, fracturing the skull, choked it, and afterwards cut its throat with a razor. After the deed she carried it around in her arms in a frantic manner. She did it she said, because she thought it was poisoned by nursing her after she had taken the arsenic. An examination was held, and she was acquitted on the ground of insanity, and sent to the Asylum on the order of the Court. She was thin in flesh, sleepless and depressed, and had no realization of her condition. She asserted that she could not die, but wished some one could get her out of the way. She also gave the same reason, already narrated for killing her child. During her residence in the Asylum, a period of seven years, she was depressed and gloomy, had delusions that her food did not nourish her, but passed directly to her bones, and on this account at times refused it altogether. She was for a period strongly suicidal, and again noisy and maniacal. During the latter part of the time, she was composed, quiet and interested herself in sewing, but had occasional paroxysms. She was transferred to the Asylum for Insane Criminals.

CASE XXXV.—Admitted September, 1864. Man, aged 30, widower, farmer, common education, Methodist, temperate, native of New York, maternal aunt insane. About eighteen months before the commission of the homicide, he became insane, asserted he had a revelation from Heaven, and that by laying hands upon the sick they would recover, visited from house to house, giving warning to people to flee from the wrath to come. He became incoherent in speech, threw his food away, and on one occasion threw his wife’s shoes in the fire and choked her. He was restless and sleepless. After some two months he became natural, and was thought to have recovered his ordinary mental condition, though physically debilitated. A month before the homicide, he became exhausted by his labor and was said to have suffered from an attack of fever, (probably sub-acute mania,) of some two weeks duration;

during convalescence he was irritable, restless and sleepless, was suspicious of people, that they were plotting against him, broke dishes at the table, and induced fear in his family. At this time he went out to drive with his wife; they had been gone but a short time when she was heard to cry murder, by neighbors who were following them; was found by them with his knee upon her breast, and his fingers upon her throat; she was lying on the ground dead. He was highly excited, incoherent and violent, toward those who approached him, and this condition lasted two hours. He then became calm, and on being informed of what he had done, was greatly affected. A few days thereafter he was brought to the Asylum on bond of friends; he was quiet, coherent in conversation, but manifested mental enfeeblement. He recollected the affair, said he was unwell at the time, and entertained the delusion that his wife and others, by witchcraft, had affected his health, that on the morning of the murder, he had determined to ride out with her, and talk the matter over pleasantly, but as soon as he commenced conversation he became frantic and could not control himself. He slowly gained in mental and physical condition, and after six months was removed by friends contrary to advice, as he was considered a dangerous man. He was not arraigned or tried.

CASE XXXVI.—Admitted October, 1864. Man, aged 33, married, one child, farmer, Lutheran, native of Germany. He was drafted in 1863, and soon after became insane; he was sent to the Government Hospital for Insane at Washington, whence he was discharged after a few months, and returned home. Was unwell for some time, and finding himself unable to work for his family, became depressed and melancholic, said they would all come to want, and that it was best to kill his family and himself to avoid the impending danger. He killed his wife and child while they were in bed, with an axe, but was prevented from killing himself by the intervention of the neighbors. He was arrested and tried on an indictment for murder. The jury under charge of the Court declared the prisoner not guilty, on the ground of insanity. He was sent by order of the Court to the Asylum. He improved favorably, and after nine months was discharged recovered.

CASE XXXVII.—Admitted December, 1864. Woman, aged 38, widow, two children, native of Ireland, Catholic, no education, intemperate, heredity unknown. She was an intemperate woman, and with her husband kept a low drinking house. She killed him by cutting him up with an axe, while he was in a state of beastly

intoxication. She was tried and sentenced to be hung, but the sentence was commuted to imprisonment for life, and she was sent to Sing Sing where she remained for a year. For a few months she was quiet and worked industriously, but for the last six months in prison was noisy, maniacal, and made dangerous attacks upon others, had hallucinations of sight and hearing, declared she saw her husband and talked to him, also that she had a child in bed with her, and called people to see it. At times she pounded the wall, saying she was striking her husband. To prevent injury to others she was secluded, and finally brought to the Asylum upon the order of the Prison Inspectors. She was much of the time noisy, boisterous, profane, obscene, violent, insisted her husband was here, and was hungry, and demanded he should be fed. At times she was dangerous to those who had charge of her, from her violence. She retained her hallucinations of sight and hearing, especially regarding her husband; she had no realization of having killed him, and if the matter was referred to, constantly asserted she "cut the Devil up." She continued in the institution for six and a half years, when she was sent to the Asylum for Insane Criminals.

CASE XXXVIII.—Admitted December, 1864. Man, aged 22, single, farm laborer, Baptist, deaf mute, temperate, native New York. Father insane and four paternal cousins. Parents are cousins, two sisters are mutes. He was a stout healthy boy, and at the age of ten years was sent to the school for deaf mutes, where he made good progress and showed considerable aptitude for learning. After returning home he worked upon a farm. In July, 1862, after a period of revival meetings he joined a church, and then began to complain of God's injustice to him for making him a mute; considered it a visitation of Providence for the sins of his ancestors. At times he thought himself very wicked, and once attempted suicide. He was afterward in June, 1864, taken to the County Asylum, and after two months was discharged as well. He was quiet, worked faithfully, but entertained exalted religious delusions, and was incoherent. In November, 1864, he claimed to be the brother of Moses, often looked out the window as if expecting some one, and informed his friends at whose house he was staying, he was looking for Moses who had promised to come and burn Rochester, New York and Washington, for their wickedness. When laughed at he became angry, claimed that God would punish those acting thus, and requested a friend to write to President Lincoln for permission to kill three men whom he knew had

cohabited with sheep. The same night he was restless, went to the front door, and seemed to be welcoming persons whom he indicated were Moses, Christ and God. The next day his parents were informed of his condition, and the day following came for him. He received them pleasantly and remained with them during the evening. About midnight he went to the door and again welcomed God to the house. At this time he communicated to a friend who was watching him, that God had pardoned his father and mother for the night, as he did not wish to shed blood in his friend's house. The next morning he desired to go to church, and when his father opposed it, threatened to cut his throat, and made an effort to seize him. Owing to his violent condition, application was made for his admission to the County Asylum, but was refused, and he was taken home. At nine o'clock he retired, but finding the bolt removed from his door, went down and ordered his mother to make a bed in another room, but as she refused he did it himself. At half past ten he went to his parent's bed-room, armed with a butcher knife, which he had obtained from the pantry. His father hearing him coming down stairs had arisen and was lighting a candle. He stabbed his father in the thorax cutting down through into his abdomen, and then endeavored to reach his mother, but was prevented by his father, although so severely wounded that he died the next morning. He was arrested and afterwards sent to the Asylum on the order of the County Judge. After remaining quiet and comfortable some two months, became violent, destructive and incoherent. He subsequently grew feeble-minded and silly in his actions, and after a residence here of some years was removed to the County Asylum as a harmless lunatic, by order of a Court.

CASE LX.—Admitted November 22, 1865. Man, aged 47, married, four children, mason, common education, intemperate, native New York, not hereditary. Was first admitted to the Asylum in 1863; had for years led an intemperate and vicious life, and for a few weeks had been acutely maniacal, violent and dangerous; was lodged in jail, and thence sent to the Asylum. He passed through an ordinary attack of acute mania, and after six months was discharged, recovered. He continued well some fifteen months, though keeping up his intemperate habits; when he became again insane, accused people of having robbed him, was boisterous, kicked down a door of a hotel where he demanded admission late at night, was arrested, lodged in jail,

and thence transferred to the County House. Being noisy, violent, and maniacal, he was confined in a cell. On the second day he broke through the side of the cell which was of two inch plank, by jumping against it. With a piece of the planking thus obtained he furiously attacked a fellow patient whom he met, and beat his brains out. He mistook the identity of persons and insisted that he had killed the keeper who, he asserted, had killed him four or five times. He was tried on indictment for murder, declared insane, and sent to the Asylum. The maniacal excitement and violence continued; had delusions that he was under the direct guidance of the Almighty, and that he had killed the keeper of the Asylum. After about six months he became quiet, talked coherently and was in a comfortable condition, but retained his delusions: was a treacherous, dangerous man, and had several maniacal paroxysms. After some four years he was transferred to the Asylum for Insane Criminals.

CASE XLI.—Admitted February, 1867. Man, aged 35, widower, five children, farmer, common education, member Methodist Church, temperate, paternal cousin insane. He served for three years in the army, and returned in the fall of 1865. From his friends we obtained the following history. That after his return from the army he did not seem natural, at times acted stupid and foolish, and did many strange things. Among them he undressed his children and pretended to baptize them, put them naked under the bed, and said they were in Hell, that on one occasion he pursued his sister with a scythe, and that one rainy night he compelled her to carry a lantern all night in the woods, while he said he was chasing the Devil. During several months he conducted thus, but again seemed rational. Three weeks before the homicide he was at times raving, and on several occasions went to his mother's who lived near him and prayed for hours as loud as he could talk. His mother and sister became afraid of him and locked the house against him. During his absence in the army, his wife proved unfaithful to him, and confessed her infidelity. He laid her on the floor, walked over her and whipped her with a strap to drive the Devil out of her. He also killed a cat, six geese and his horse; the latter he took into the house and covered with the bedding, while himself and wife lay on the bed cords. He then urinated upon the floor, and having washed the blood from his feet, drank of it, compelled his wife to do so, and then pronounced them clean and pure. He took excrements from his wife's bowels and ate of them. While naked he chased his wife

around the house also naked, saying he was driving the Devil out of her, and in this condition they danced before the children. A complaint was entered against him for beating his wife, but at the trial she refused to testify against him, saying she had deserved it all, and it was just. The complaint was dismissed. At this time, in the court room he sprinkled the floor and chairs with water, and called them pure. Two days before the homicide he went to a neighboring village with his wife; she drove the horse, but he went on foot, and part of the time on the top of stone fences, on all fours like an animal. In the village he stopped people and announced himself as Jesus Christ. On the way home he attracted the attention of the sheriff, who met him walking arm in arm with his wife; he did not talk or answer any questions. The second night after this he murdered his wife, beating her with savage cruelty in sight of his children, who were deterred by his threats from rendering assistance. In the morning, the wife was found dead in bed, with her leg broken and put up in a position, by a brother-in-law. He was arrested and taken to jail, where he was in a dull and stupid state most of the time. He ate well, was at times noisy at night. After a few weeks he was sent to the Asylum by order of the Court. He was much demented, could rarely be induced to talk, laughed foolishly without cause, and made many peculiar motions and gesticulations. His extremities were cold and congested, skin greasy, and facial lines greatly obliterated. Occasionally he was excited and talkative, and then asserted that he stood in the place of God; that his name after leaving the earth would be Jah, Jehovah; that he was God in full till he married, and then parted with a portion of his power. He gradually became more demented, and was sometimes filthy in his habits. He remained in the Asylum for nearly three years, when he was transferred to the Asylum for Insane Criminals.

CASE XLII.—Admitted February, 1867. Woman, age 22, married, one child, housekeeper, Methodist, good habits, native of New York, not hereditary. She enjoyed good health in early life. At the age of sixteen ran away from home and married, but lived unpleasantly with her husband. Four months before admission she was delivered of her only child. She had complained much of headache, which returned after child birth. She then became gloomy and depressed, and three weeks before the infanticide threw her child from the window into the snow, and then took paragonie to kill herself. The child was rescued by its grandparents. Although closely watched she secretly got out of bed.

drowned her child in a boiler of water and returned without awakening her husband. She was so manifestly insane that no inquest was held, and she was sent to the Asylum on the order of the Superintendent of the Poor. She was thin and pale, slept irregularly, was strongly suicidal, had the delusion that she had committed the unpardonable sin, and also asserted that she had killed her child from a sense of duty, as it could not be like other children, and she could never take care of it. She continued depressed and melancholic, complained of severe pain in the head, and made many unsuccessful attempts to strangle and hang herself. After some months she improved in health and strength, and realized her condition. She remained in the Asylum fourteen months and was then discharged, recovered.

CASE XLIII.—Admitted June, 1867. Woman, aged 48, married, one child, good habits, common education, native of New York, hereditary, father insane. She has usually enjoyed good health; was married about two years ago against the wishes of her parents; moved west with her husband, but lived unhappily with him. She soon became unmanageable, wandered away from home, was strange in her conduct and incoherent in speech. Her condition was recognized and she was returned to her father's house. During the winter she was more disturbed and violent, and in the early spring smothered her child, then two months old; asserted that she did it in desperation at the treatment she had received, and to put it out of misery, and justified the act. At the same time she maintained that her child was not dead, and called every child she saw her own. She was committed to the County Asylum where she was noisy, maniacal, and destructive, and slept poorly. After some two weeks she became quiet, and seemed rational. She was, however, sent to the State Asylum by order of the county judge. On admission she asserted that her friends had tried to poison her, and feared she was to be taken away and hung. She gradually improved in both mental and physical condition, and after six months was discharged recovered.

CASE XLIV.—Admitted August 1867. Man, aged 43, widower, four children, farmer, common education, not a church member, good habits, native of Germany, heredity unknown. His insanity was first noticed in December, prior to the homicide. He then neglected his business, went often to the village, and spent whole days there. Was restless and sleepless; had hallucinations of hearing; said he heard threats of burning his barn at night, and

therefore slept near the door; he got up frequently and looked out, keeping watch. He also went to neighbors houses at night, and on one occasion started at midnight for the village with cattle to sell, that he might get by his neighbors; asserted that the merchants with whom he dealt were suspicious that his money was counterfeit. He accused his wife of infidelity, and of giving him poison in his food, and keeping him under the influence of it. This he said made his head feel stupid and caused dizziness and loss of memory. He also asserted that he had been poisoned by some pork sent him by a neighbor. In March he applied to a lawyer to get a divorce from his wife on the ground of her infidelity, but he could bring no evidence of members of his family to sustain the charge. On the morning of the 17th of April his wife was found dead with a whip lash tied about her neck, and he is said to have sent to the village and ordered a coffin for her. He was arrested, declared insane and put under charge of a committee; was retained in jail till August, when he was brought to the Asylum on a bond as a private patient. On admission he maintained the same delusions as are given above, but made further statements, asserted that on the night of April 10th his wife gave him a drink of poison which made him sleep heavily; that in the night he awoke and found his wife's hand upon his throat, and she was trying to choke him. In the morning his stomach felt as if he had eaten nothing for a long time. She gave him some Hostetter's bitters, to drink, which she had poisoned, that this produced a violent headache, made him sick and took away his mind. On the night of the homicide, although he claimed he was drugged, he awoke and saw his wife in the kitchen standing by the stove; that he went out there, found the whip lash on the floor, and does not know any other particulars, but supposes he must have choked her. That he then went to bed, was restless during the night, but got up at dawn and told the children that mother was dead; that he put his boy on a horse and sent him to the village to bring some one up; that he went to the justice's, reported the death of his wife, remained there during the afternoon and then went home. He also states that he was taken to jail that evening, and that after he had been there some three weeks, the remembrance of the occurrences returned to him. In speaking of the murder of his wife, he says: God will not punish him, that he did not do wrong, that it was a matter of right, necessity, and self-defence, and that he was not responsible as he was under the influence of the drug given him by his wife. He was quiet and orderly, but in about a month became

maniacal and violent for a short time. He then developed the delusions that food and air were poisoned, that medicine was given him to make him insane, and that his blood had stopped circulating and been drawn off. He remained quiet, peculiar in his manner but retained his delusions, during his stay in the Asylum, nearly two years. He was then removed by his committee.

CASE XLV.--Admitted October, 1867. Man, aged 20, single, no education, no occupation, not a church member, intemperate, father died insane. He was a bright, intelligent boy, at the age of eight years, was injured by the accidental discharge of a pistol in the hands of his brother. The charge consisting of a ball and two slugs entered the arm just below the shoulder, passed across the back, and is asserted to have lodged in the spinal column. Complete paralysis of the right side took place and continued for six months. The power of articulation was lost for the same time, and when about a year afterward he returned to school, he was found to have lost all knowledge previously acquired from books. At the age of seven he learned to chew tobacco, and at nine, after he had recovered from the immediate effect of the wound, he began to use liquor. Naturally of a mild and kind disposition, when under the influence of liquor, which he drank to excess whenever he could obtain it, he was irritable and violent. His mind was feeble and did not develop normally after receipt of the injury. He attended school part of the time, and studied with his brother and sister at home, but did not learn to read. When he was 14 years of age the family removed to the country, and from this time when not in school he drove cows and did other chores. He continued the excessive use of liquor and tobacco, and had periods when he was melancholic, and threatened his own life and the lives of others. On the 25th of June, 1867, he obtained and drank two glasses of liquor. He then went home and having taken a pistol from his brother's bed, went down stairs and without saying a word or having had any altercation with her, shot his mother in the head. A second shot missed the body, and a third took effect in her side. The patient then shot himself, fell, and became unconscious. After a half hour had elapsed his brother entered and found both lying on the floor. His mother was dead, and patient was seriously wounded. The ball entered the right eye, and passed out of the right ear. The sight was destroyed, but the hearing was not affected. He was arrested, confined in jail, and in October tried. He was found insane and sent to the Asylum upon the order of the Court. On admission he was quiet and well behaved, and gave his

own history. Regarding the homicide he said, that as he entered the house in the morning after drinking, the idea of suicide entered his mind, and because of his affection for her, he wanted his mother to die with him. His general health was fair, his right side was paralyzed, and the extremities were atrophied. The right hand was much deformed, the palm being turned outward and the fingers permanently fixed. The right foot dragged in walking and there were choreic movements of the muscles of the face, which was disfigured by the injury, and also of the leg. It will be observed that the paralysis was on the same side as the injury. He remained in the Asylum for nearly four years, and was a quiet, harmless, and tractable imbecile, and was then transferred to the Asylum for Insane Criminals.

CASE XLVI.—Admitted April, 1870. Woman, age 31, married, two children, good habits, common education, not a church member, native of New York, heredity unknown. At birth of eldest child, now ten years of age, she had a difficult labor, lost much blood and has not been in as good health since. About two years ago gave birth to a second child and was still further reduced. She soon became excessively irritable, and was at times violent towards her husband. Two months before her admission, as appears from the evidence, she had some trouble with her husband. After he left the house for his work, she told her little boy she must kill the baby to save it from suffering as she had, and then sent him on an errand to a neighbors to borrow something. On his return she told him she had killed the baby, and directed him to call the neighbors to see it. They found it on the floor with its throat cut and a piece of rag lying over the wound. She was removed to jail, where she ate sparingly, slept irregularly and at times moaned and groaned, and again sat silent and moody, denied having killed her child, and said her husband would bring it back. She was sent to the Asylum upon the order of the Court. After admission she was gloomy and depressed, thin in flesh, and most of the time silent and seclusive. She complained of pain in head and back, refused food, which was administered by stomach tube, and was very suicidal, trying to get knives or some instrument with which she could accomplish her purpose. In a few months she gained in flesh and strength, and was inclined to employ herself. She still, however, complained of pain, and of an uncomfortable sensation in the head. A year after admission she had some realization of her condition, and made the following statement: That when she killed the child, she wanted to die, and felt they were all

going to hell, and she feared the child would come into the same state she was in, and it was better for it and for her that it should die. That she had very vague and confused notions of things, that every thing seemed in a whirl of sin and wickedness, that she acted conscientiously, and thought she was doing right, that she used to get up in the night and think she would kill the child, and that some evil spirit urged her to do it. She also said that for a long time she prayed earnestly to be saved from the sin of murder and that her little boy kept her from killing herself. She gained both physically and mentally, and after about fourteen months eloped from the Asylum by picking a lock. A short time after this she broke her limb by being thrown from a carriage. She was so much injured that her friends assumed the charge of her, and she is still with them.

CASE XLVII.—Admitted January, 1871. Man, aged 64, widower, eight children, farmer, intemperate, not a church member, no education, native of New York, heredity unknown. He had been an ordinarily healthy man, worked hard at his occupation of a farmer, was intemperate in his habits, and often abused his wife. Two years before the homicide he had a severe attack of rheumatism, followed by valvular disease of the heart, large deposits about the joints, atheromatous arteries, and edema of the legs. He complained of dizziness and disturbance of vision, became suspicious of his wife and son, whom he said were plotting to get his property, and left home for longer or shorter periods. At times took his clothes to a neighbors to be washed; tied them up in a handkerchief and threw them out of the window. Insisted on selling his farm to his son, and taking a mortgage for the paltry sum of \$100. Before the homicide he went away from home and staid all summer with another son, and never mentioned his wife or business while there. After his return went on to a piece of wild land adjoining his farm, built a shanty on it and lived there alone for a time, but returned to his home because he had "fainting fits" there, which he said were brought on by his wife and son. Made foolish bargains, and when one of these was broken up, became enraged, and afterward refused to do any thing. One morning after breakfast, and his sons had gone out to work, nothing unpleasant having occurred, he came out of the house holding up an axe, and told his youngest son to tell his oldest brother, who was ploughing, that he had killed mother. The eldest son came in and found his mother on the floor with her head cut open, and his father smoking a pipe. He stated to his son that he had killed

her, that he had seen a face in the axe, that he must go and get some women to fix up the body before the girls came home, as they would feel badly. He then got up and refilled his pipe, was obliged to step over the body to reach the tobacco, and said he would watch the body till his son got the women. He made a similar statement on examination in the jail, in October, 1871, and asserted that he and his wife were talking together after the boys went out, and she thought he ought to do something. He said it seemed to him that he got very large, and every thing about him was very large; that he himself was as large as a barn, that the axe stood near and he could see a large face shining in it, which he thought was the face of God. The next thing she screamed, and he saw what he had done, and then struck her again with the axe to prevent her from suffering. He described these fainting fits as first a dizziness, and then he did not know anything till he came out of them, that he had often had them, and believed his wife and son brought them on by some influence they had over him. He expressed no feeling, did not think he had done any thing wrong, and had been very happy since. Said he had been converted, and God made him feel it was all right. He was in a condition of dementia, hands and feet were oedematous, joints much enlarged by deposits, and fingers purplish. Skin was clay colored, cold and greasy, and facial lines were partially obliterated. After the examination he was sent to the Asylum without a trial on the order of the County Judge. While in the Asylum was silent unless addressed, serene in countenance, never spoke of family or friends. After some six months he was transferred to the Asylum for Insane Criminals.

CASE XLVIII.—Admitted April, 1871. Man, aged 36, single, picture frame dealer, Catholic, common education, intemperate, native of Ireland, mother insane. He had been in America some eighteen years, and employed in various capacities, as a laborer on railroads, a bar-tender, a peddler, a waiter in hotels, in the commissary department of the army, and for past two years as a picture frame dealer. He had been an habitual drinker, and at times became intoxicated. On Sunday in which the homicide was committed, he went to visit an acquaintance, took tea with him, and afterwards a drink of whisky. They then visited a saloon, where he met the man whom he killed. They drank together, and soon he and his friend left the saloon and started home, on the way they quarreled, and he returned to the saloon; a number of persons stood at the bar drinking, and for some ten minutes he listened but did not speak; a remark was made by the murdered man that

the name of McClellan was one he respected, and was one of Scotch origin, with an oath and the assertion that he was as good as any man in the room, he drew a pistol and shot him. He was arrested, lodged in jail, and in about two months brought to trial. The line of defense adopted, was that patient had epilepsy with attacks of insanity. It was in evidence that for four or five years he had accused people of spitting at him, and asserted that the government and individuals were watching and following him about, that some fifteen months before he had attracted a crowd of people for striking a man who spit in his presence, that a few months before he had been knocked down and robbed, and after this had purchased a pistol, with which he said he was going to settle some parties, that he had been turned away from his boarding place, because he had used threatening language to his landlady and the other boarders, that he was worse when in liquor, and that when he had periods of disturbance, the blood would rush to his face, and he would clench his fists. He was examined by several experts, who testified to his epilepsy and insanity, among them was Dr. M. G. Echeverria. The prosecution abandoned the case during the trial, the jury brought in a verdict of not guilty because of insanity, and he was sent to the Asylum by order of the Court. On admission he asserted that for four or five years he had imagined people spat at him, and were watching him, that he used to hear people around the house talking about him, though he could not hear what they said, that he had been knocked down and robbed some two months before the homicide, and was laid up a few days by the injury. That after this he had dizziness and pain in the head, that his vision was affected, and he had the sensation of balls of fire before his eyes, says he was afraid because of the rough character of people about his store, and bought the pistol to protect himself, and fired it off in his store to let them know he was armed. Regarding the homicide he recollected going to the saloon with his friend and drinking a bottle of champagne, did not drink any more because he had a headache and felt dejected, and feared liquor would make him worse. After leaving the saloon, and having the quarrel with his friend, he remembered nothing until the next morning, when he awoke in the station house. While in the Asylum he was morose and reticent, but at times threatening in language. He manifested enmity to the judge who committed him to the Asylum, and said he would be willing to be hung if he could kill two of the physicians who had charge of him. After some fourteen months he was transferred to the Asylum for Insane Criminals.

CASE XLIX.—Admitted March, 1871. Man, aged 42, widower, no children, physician, academic education, intemperate, native of New York, heredity unknown. He was usually in good health, of a passionate disposition, and for some years had been at times very intemperate. He had had three attacks of delirium tremens before the present one. A week before the homicide he began to drink immoderately, and on the evening before, a physician was called to attend him. A lady friend remained in the room with patient and wife until twelve o'clock, but as he was then sleeping quietly, she went to bed in room below. Toward morning she heard a noise in the room occupied by patient, tried the door and found it locked. She obtained a key, and on entering found the wife on the floor dead. She had been beaten to death by her husband; when an officer arrived, the patient was washing himself, and was much excited. When asked why he killed her, he replied that she was going to China, and he thought she had better go to Heaven first. On being taken to jail he was noisy, excited, and violent, and saw animals in his cell. The grand jury refused to indict him because of his insanity, and he was sent to the Asylum, by order of the County Judge. For a short time he was tremulous in action and incoherent in speech, but gradually improved, and after seven months was discharged by order of the Court. He subsequently removed to the west, and afterward committed suicide.

CASE L.—Admitted March, 1874. Woman, age 39, widow, one child, housekeeper, common education, Baptist, good habits, native of New York, paternal grand uncle insane. She was never in robust health; was married to a physician at the age of 21. At birth of child some four years afterward she had a milk leg, which has since given her more or less trouble. Her husband died about twelve years before the homicide. She was gloomy and depressed, and lost sleep and flesh at that time. She remained on the farm where her husband died, some four years, and because of her loneliness went to live with her brother in a village near by. During the whole period she constantly complained of ill health, of pain in her back, head, chest, and of uterine troubles. Her brother noticed a marked change in her for two years. She became absent minded and forgetful in conversation, and during the past year lost interest in her affairs, and said she was not going to live long. From about July, 1870, she was more feeble minded and forgetful and gradually became gloomy and depressed, uterine difficulties became more aggravated. Soon after she consulted

a physician and asserted to him that she was pregnant; that in June she had an attack of dysentery, for which she took some opium and camphor, and then went into the garden, sat down and soon fell asleep; that while sleeping a man came along and had intercourse with her. This story she repeated to the physician in her visits and correspondence. In November she remained a week under care of her physician. He made an examination but could detect no signs of pregnancy. She was menstruating regularly. On the 30th of November she visited him again and asserted she could feel the movements of the child in her womb. In the persistent denial of the physician that she was pregnant, she would for a time acquiesce, and say, "Doctor, I guess you are right, I am not pregnant, but in a few moments would return to the subject and re-assert her pregnancy. She continued her visits, and as late as January 19, 1870, when he made another examination, strongly asserted the same delusion. She was then thin, anemic, complained of a pain in her head, talked of little beside her condition and was much depressed. During the fall of 1870, this changed mental state was especially noticed, and was the subject of conversation between her brothers. In October she was thrown from a wagon, complained of being much jarred and injured in her back. One leg was much bruised and swelled. She manifested unusual indecision and many peculiarities, and during the few weeks preceding the homicide was very restless, walked much in the house and on the street; kept a light burning all night in her room. A few days before, when one of her brothers went away on business, she acted very strangely, did not bid him good by, but told him he would never come back alive, and when he handed her an insurance policy and told her it should be her's and her son's if he was killed, she spoke complainingly that every thing was heaped on her and her son. The day before she visited a neighbor, was very restless, talked about her brothers and some trouble which existed between them regarding pecuniary matters, rocked to and fro, repeating, "I shall die, I can't live; I can't live; it all rests on my shoulders." This she did most of the time of the visit. She complained much of headache, and when she went out, passed her hand to her head, remarking: "I shall soon be where this aching head will be at rest." The neighbor testified that she looked wretchedly, her eyes were sunken and she was thin and pale. She had for some time been losing flesh, and had many boils upon her person. In the afternoon of the same day a traveling insurance agent stopped at the house and talked to her of getting her life in-

sured. In the evening she drove with the agent to the doctor's. It was a cold night, and she had on a thin shawl, no furs or rubbers. She took a policy for three thousand dollars for six months, and paid a premium of eighty dollars, and returned home at 8 P. M. She then was probably up all night, as some notes were found which showed she had been writing, and was under great mental distress. One of these directed to the agent at Bath, was evidently addressed to her son. Early in the morning of January 19, 1871, she went across the street, slipped a note under the door of the person whom she accused of seducing her, requesting him to come over as she wished to settle matters with him. He went over, and immediately thereafter, the report of two pistol shots was heard. Persons going in at once found the man dead, shot through each side of the head. She ran immediately by the shortest way, to the house of a brother, half a mile distant, and following him into a bed room, shot him. He died the same day. She was arrested and kept in the house while an inquest was held, but manifested no concern regarding the homicide, though moving about, talking, and expressing a desire to see her son. While going with the sheriff to the jail she talked incessantly and incoherently. I was called to examine her and found her in the following condition: She was at times silent, at others talkative, picked her dresses, took down her hair, was dressed by compulsion, refused food; threw things at the person bringing it, laughed and talked to herself in a muttering way, had an attendant constantly with her. One night she got out of bed; attendant said she awoke, missed her, found her sitting on the floor nude. Once attempted to throw herself headlong from the window, and gave no reason for any of her conduct. She ate voraciously, and with her fingers, steadily lost flesh, was sallow, skin cold and greasy, had a number of carbunculous boils on her head and body, which she would not allow to be dressed, but kept picking with her fingers. There was convulsive action of the eyelids without movement of the eyes. The glands of the eye were dry, and the conjunctivæ pearly white. The emotions could not be aroused by any reference to subjects of interest to her. Her features were most of the time fixed and immovable. Her fingers were in almost constant motion, and she rocked to and fro in her chair. When she gave answers to questions they were not responsive. Every attempt to awaken any sense of responsibility, or of right or wrong, by reference to the crimes she had committed, failed. In speaking of the men whom she had killed, she smiled and said, "They were not hurt," "Their

heads will grow on again," and then the idea thus awakened would seem to drift away and she would become silent. Again she replied, "She had nipped their ears and they would be around." At times her face would light up, and in answer to a question she would say, "I will tell you," and then stop. I finally ascertained that in committing the homicides she labored under the delusion that the neighbor had effected a rape upon her person, and that her brother was reporting her disgrace. After a judicial investigation in which the preceding facts were brought out, substantially as given above, she was sent to the Asylum upon an order of the Court. She was much demented, restless, walking up and down the ward, was usually silent, careless in dress, muttered to self, to questions persistently put replied in monosyllables, tied a black string around wrist, and wore a white patch on forehead, slept poorly, and ate sparingly. After a time appetite improved and she gained in flesh and strength. In October following she was walking out with other patients, when she suddenly mounted a ladder, placed against a verandah which was being painted, and reaching to the third story, a distance of about thirty-five feet. When she had gained the roof, as she saw some one approaching, she jumped to the ground. The fall occasioned a fracture of the right thigh, at the middle third, and a severe contusion of the neighboring tissues, as also of the face and neck. She complained of severe pain in the chest and back, though there was no fracture of the ribs or apparent injury. She became talkative, but was incoherent, repeated many times, "turn the organ round;" talked of being pregnant and said "let it be born." During the treatment for fracture she asserted she was pregnant, that the child had grown to her body, that she felt it move, that she sat down on the ground and felt bad. She made a good recovery from the injury, with a slight degree of shortening. Since then she has continued in much the same state as before described, at times somewhat disturbed, but usually quiet and indifferent to surroundings, and talking little and incoherently. Her general health has somewhat improved since admission. She is still in the Asylum, is silent and manifests no interest in any thing.

CASE LI.—Admitted January, 1872. Man, aged 27, married, two children living, picture frame maker, common education, Methodist, native of Wisconsin, maternal aunt and grandmother and paternal uncle insane. He served during the war in the cavalry, and married upon his return. Has had three children, the

oldest about five years of age. Was reputed to be a shirtless fellow, and to have abused his wife, though she never made any public complaint against him. They lived in a small village, the wife kept a millinery store, and he rendered her some assistance. Upon the examination it was in evidence, that he had shown signs of mental disturbance for a year or two. Some six months before the homicide he started from home to walk to Philadelphia, after going some miles became foot sore and weary, and returned home. A week before the occurrence the wife had called her friends to see him because of his strange conduct. He was lying on the bed, and there expressed delusions of suspicion and fear, said he had enemies, and to his friends seemed "out of his head." On Saturday an uncle called to see him, and patient told him that the evening before he had been at work to get the devil out of his boy, and that he was getting into him again, and went to rubbing the boy, and wished the uncle to see if the boy's eyes stuck out, and if there was a clammy sweat on him, said he had had a vision and it was all made plain to him. On Monday evening, December 18, 1871, the family retired about 10 p. m., he did not undress, and about one o'clock, got up and said he would build the fire. His wife says in a letter to him, while in the Asylum, "the next thing I knew you were standing over me with the razor in your hand trying to cut my throat, I wrenched the razor from you, how I did it I never knew, for you worked pretty hard, then you started for the axe, I tried, oh so hard, to get that away from you, but finally I was compelled to give up and let you kill me, then the blows came thick and fast on my head, and I fell to the floor, feeling nothing, but hearing our boy begging you not to hurt ma so. How easy I could have died, no pain, nothing but a consciousness of failing strength, and then all was dark." The child's throat was found cut, and its head nearly severed from its body. The testimony shows that patient went to a neighbor's house, a little after one o'clock in his stocking feet, with shirt and pants on, and without a hat. Having aroused the neighbors he inquired, "where are the boys, where are the rest of them?" On being answered "in bed," he replied "all right," then jumped the fence and ran away. "He was then wild and excited and seemed crazy." He went to another neighbor's and having asked him to take him to the city in the morning, went to bed. After breakfast they went out and neighbor then heard of the homicide. He was arrested, and an inquest was held, at which he was present, some one remarked to him: "This is a sad thing for your family," he replied, "It is God's

doings, the Bible says : 'vengeance is mine, I will repay saith the Lord,' that's all." He then relapsed into silence, replying to questions in monosyllables. He was indicted, and in about two weeks declared insane by an inquisition. At this time he was thought by the physicians to have been insane for from one to two years, he was incoherent, at times moody and reticent, and seemed to have no realization of having killed his child. He expressed the delusion that he had had a vision, that he had died, and his spirit had left his body, and when it returned his body was cold. He was in good flesh, and in fair general health. He was sent to the Asylum by order of the court. On admission, he was reticent, and presented the following physical signs, extremities cold and congested, facial lines partially obliterated, lips everted and a blue line along edges, he ate and slept well and was quiet. He soon became more talkative, would answer a few questions correctly, and was then incoherent, talked much of belonging to the army, asserted that the government would soon send a force and release him. At times denied the killing of his child, and again declared after that, two darkies did it, said "he had visions that he was full of gas, and was brought into trouble, because the minister preached the colors red, white and blue," says "God is the brain, God is woman, and the beasts are Jesus Christ, that they are to be knocked down and man is not." He made frequent attempts to escape, as he denied his insanity, and also that he ought to be in the Asylum. After some ten months he was transferred to the Criminal Asylum.

CASE LII.—Admitted July, 1872. Man, aged 43, married, one child, ship carpenter, common education, Catholic, native New York, intemperate, heredity unknown. He was robust, and apparently a healthy man, served in the army, and while there asserts he had a severe attack of acute rheumatism, was accustomed to use liquor and at times drank to excess. In April he shot a man in a bar room, was arrested and placed on trial. The defense of insanity was raised, the evidence was to the effect, that some five or six years before on one occasion, he acted strangely, came to the house of witness in the night, and asked to stay, seemed confused and suspicious, said enemies were following him, but could not name them or give any reason for suspicions, and again that within a week of same occurrence, while walking in the street, he talked strangely, said to friend, "our lives are in danger," and that he saw a man with a stone and seemed fearful. A physician also testified that some eleven years before, he had treated him for

mental aberration from drink, and had seen him two or three times since laboring under dementia. His family friends said he had acted strangely for some years. He was acquitted on the ground of insanity and sent to the Asylum. When admitted gave his own history, that he had been drinking to excess, and was drunk for some days, denied all recollection of going into the bar room, of having a pistol, of the shooting, and in fact of all events from four days before until the day after the shooting, when he was told in jail what had taken place; that he was then getting sober. This statement was made in the presence of the officers who accompanied him to the Asylum, and was the account he had given before. After their departure, he stated he remembered all about it, that it was a put up job for him to play insane, as well as to shoot the man. That he shot him because the man had seen him come out of the house of a woman of doubtful character, and had black mailed him several times, that he was determined to put an end to it, and shot him. That he had taken some liquor but was not drunk, that the man was a bad fellow and people were well pleased, that every one knew he was not insane, and said he had done the proper thing in shooting the man. Of the testimony regarding his insanity he says, that, although the doctor swore he had been insane five years and had treated him for it, "if the doctor did treat me for insanity, I never knew it," and that his friends never said anything about his acting strangely until after the murder. In the Asylum, the patient gave no evidence of insanity, was in good flesh, stout and robust. After he had been some six weeks in the the Asylum, a writ of *habeas corpus* was issued in answer to which he was taken before the Court; after hearing the case he was remanded to the Asylum by Justice Leonard, who in his order said: "The office of the writ of *habeas corpus*, is for the purpose of inquiry into the cause of the detention of any person, and if it appears to be illegal, of granting a discharge. Ordinarily the regularity of the process of commitment terminates all further inquiry, and the prisoner is to be remanded into custody. The court can not on *habeas corpus* inquire into the justice of the sentence or judgment, that has been pronounced by another tribunal, which can be renewed only in some other manner by a higher Court, but not upon *habeas corpus*. It is entirely clear that the judgment and process in the case of Burns, are regular and sufficient. The general *habeas corpus* act, provides that a prisoner confined on a judgment or sentence of a court of competent jurisdiction, is not entitled to that writ. The prisoner must show

preliminarily that he is not so confined when he applies for the writ." A month after he escaped by picking a lock, but was retaken in a few days. He was then transferred to the Asylum for Insane Criminals.

CASE LIII.—Admitted September, 1872. Woman, aged 49, widow, three children, housekeeper, common education, not a church member, smokes, native of Vermont, not hereditary. She was in good health in early life, but some twenty years ago injured her back, and at the time was confined to the bed, and has since when over-worked or fatigued, suffered much pain. Some four years ago she passed the climacteric. During this time she lost in flesh and strength, became restless and disturbed, and ate and slept poorly. She also suffered from a sensation, as if her head or certain parts of it had been cut away and were removed from the body. She also seemed to see them in front of her, but when she applied her attention to it was able to correct the impression. She had an attack lasting some four months, in which she was apparently maniacal, preached, prayed, and sang, tipped over the furniture, was untidy in dress, and careless in habits, restless and inclined to wander away. She then improved, but has had attacks of same kind at irregular intervals, and of variable length. In August last her husband died from poisoning, and she with a neighbor, with whom she is said to have been improperly intimate, were indicted for the crime. He was sick at the time, and died soon after. She was lodged in jail, and afterward declared insane, but was at the time too feeble to be conveyed to the Asylum. She complained of same sensations in the head as have been given, and also had much pain in the back, was thin in flesh, ate little, and at times did not recognize her own children. On admission she was still very feeble, could not get up from chair or walk without assistance, skin sallow, eyes prominent, pupils dilated, and conjunctivæ pearly, when she talked, turned head toward right shoulder, spoke slowly, and with much hesitation. The sensation of bursting, and of a removal of a portion of the brain, with pain and dizziness continued. Her head was in almost constant motion, and there was great twitching of facial muscles, and also pain in back with tenderness opposite sixth dorsal vertebræ; she was feeble minded, emotional and depressed. She denied poisoning her husband, and having any improper relations with her neighbor, though she said her conduct had been injudicious; that the neighbor put poison on the tansy, of which her husband made his biters, and wanted her to leave her husband and live with him.

She gradually gained in flesh and strength, but after a few weeks had an attack of facial erysipelas, when she thought she was going to die, at this time she stated that her husband poisoned himself with fox glove, because "he had the bad disorder." She, however, recovered from this attack, and was in a greatly improved mental and physical condition. The pain and abnormal sensation in the head continued to recur, with increased redness of face, a sensation of bursting, and attacks of neuralgia at frequent intervals. About a year after her admission she had a severe epileptic fit. This was subsequently followed by others. From careful inquiry we ascertained that she had been subject to epileptic seizures for years. She became quite feeble, walked with difficulty, was dizzy, and staggered like a drunken person. The debility became more marked, and she became entirely helpless, was in bed, incoherent in speech, and speaking with difficulty from paralysis of the tongue. She gradually gained in strength, and after some twenty months was transferred to the Asylum for Insane Criminals.

CASE LIV.—Admitted February, 1873. Man, aged 40, single, laborer, reads and writes, Catholic, native of Ireland, not hereditary. He was in the army and served fourteen months, received a wound in left leg and was honorably discharged. Had worked faithfully at same place for past two years. Some two months ago he murdered an old man with whom he was keeping house, by striking him on the head with a shovel. He then went to a justice and told him he had killed the old man. The justice did not believe him and sent him home. The patient washed the body and laid it out, and the next day went again and told him he was sure the old man was dead. He was arrested, and on examination found insane and sent to the Asylum by the County Judge. On admission he was quiet, acknowledged the killing, but asserted that "he was the true and living God, and the man he killed was anti-Christ, that it was his duty to multiply and increase, but that anti-Christ prevented him by masturbating him, that they slept together in the same bed, and that when he awoke in the night the seed was coming from him, that this enraged him and he told the old man he would get the axe and kill him. He came to the shovel first, and anti-Christ did not forbid it. That as anti-Christ came from the hell of the damned and gave three knocks, he gave him three knocks, those weights down on him by command of God." He was incoherent in speech, but persistent in the assertion of his delusions, claimed to be the true God, John the Baptist, and Jesus Christ, that if he should be retained in penitentiaries

and prisons and be hung, he should put his curse upon the world, and it would come to an end, he continued quiet though at times threatened others, had a pale anæmic look, characteristic of his chronic insane state. After about a year was transferred to the Asylum for Insane Criminals.

CASE LV.—Man, aged twenty-five, intemperate in his habits, Father and mother had for years kept a low drinking saloon and house of ill-fame, and both had served sentences in State Prison as receivers of stolen goods. After their release, the husband obtained a divorce from his wife and lived with another woman, to whom he claimed to be married. With her he resumed his former occupation. The place was well-known to the police as a resort of criminals and abandoned characters. The patient had received a common education, and been employed as clerk in various offices, and on the canal. From his own statement he had led a dissolute life, and had contracted venereal disease, which his condition, on admission, verified. His health having failed, he came home, boarded with his father, and engaged in the insurance business, but without success. He continued his evil associations, and gave himself up largely to drinking and dissipation. During this time he often threatened the life of his father and stepmother, secluded himself in his room, and shortly before admission had symptoms of fever, was described as delirious, out of bed and around the house with only his underclothes on, drank freely of liquor, became abusive, threatening and violent. The police were called in at times to quell the disturbances. One day a boarder in the house hearing a noise in the room occupied by patient, went up stairs and found him seated at the head, with a pistol in his hand. The patient discharged it at him, and the bullet passed through the right forearm. The injured man retired and soon after heard three pistol shots fired in quick succession. The police, summoned by the noise, went into the patient's room and found the stepmother lying dead on the floor. A ball had penetrated the chest, passed through the right lung, removed a portion of the wall of the aorta, and lodged in the left lung. The patient was seated upon the side of the bed reloading the pistol. He was removed to the jail, and on the inquest gave a contradictory, confused statement of the affair; said, "the woman was trying to get into the room to kill me; I cocked the pistol when I saw she was going to kill me; I shot the bullet and it went plumb through her heart." He also made other statements giving a different version of the affair. An investigation was made before the County Judge; he was declared insane and

sent to the Asylum. On admission he gave a very long history of his case, justified the shooting on the ground "that his stepmother had attempted to poison him, and that God had ordered him to send her to hell without a moment's warning;" that he had shot the man "because he had brought him bad water to drink." He was thin in flesh; conjunctivæ pearly, tongue heavily coated, features sharp, and skin pale. He had two sinuses opening into palm of left hand, one between ring and fourth finger of right hand, one on left foot near big toe, and one in same position on right foot. For the first few days he was about the ward, talked incessantly, maintained his assertions as to the killing, and its justification, then became more feeble; was complaining, fault-finding, whining in speech and childish, asked for changes in room, in bed, in diet, ate and slept well, though he asserted he did not. After some two weeks there appeared an extensive swelling of the left leg and foot, resembling somewhat phlegmonous erysipelas. The skin was raised in large patches, and blood and serum were effused beneath. There were some ten or more sinuses in region of buttocks discharging a purulent serum. The patient grew more feeble, and was evidently failing. Three days afterward, at about midnight, he had an extensive hemorrhage; when physician reached the bedside the bleeding had ceased. He was pale and cold, complained of chilliness, and teeth were chattering. Under the buttocks was a large pool of blood, and the abdomen was swelled and painful. He seemed perfectly conscious that he was sinking, and died at six o'clock in the morning.

Autopsy.—External appearances. Abdomen tympanitic. Left leg much swelled by infiltration of serum, and had large gangrenous ulcer eight by four inches. Another ulcer extended over arch of left foot toward internal malleolus. A deep sinus existed near head of left fibula. On the right were two sinuses, one opening between great and second toes, and another more superficial near ankle joint. On right knee was an inflamed spot two inches in diameter, the skin was elevated by dark colored effusion beneath. A deep sinus opened between thumb and index finger of left hand, and another between ring and little finger of same hand. There was also one corresponding to this on the right hand. The sinuses opening in sacral and gluteal region, some ten in number, were found to communicate with each other, and formed a common abscess. Some of them were filled with thick yellow pus, and others with partly disorganized blood-clots.

Head.—Calvarium thin and soft; slight adhesion between dura mater and arachnoid; small amount of serous effusion under arachnoid; more abundant about medulla and base of brain. Brain tissue pale.

Thorax.—Small quantity of serum in pleuritic cavities. Lower lobe of left lung hepatized. Pericardial sac distended with about three ounces of a greenish fluid.

Heart.—Substance pale; right ventricle filled with frothy, watery blood; left ventricle empty; valves normal.

Abdomen.—Whole cavity distended with pus and serum, of a greenish color. Omentum firmly bound to intestines, and these to each other by adhesions. On attempting to remove the omentum, the intestines were torn through. The ileum was gangrenous near caecal valve, and other portions of it were deeply congested and softened. Transverse colon highly inflamed; mesentery deeply congested, and the glands much enlarged and filled with cheesy material. Peyer's patches enlarged and ulcerated; pelvic cavity filled with a very offensive yellow pus; pancreas soft and of a yellow color; spleen contracted. Both kidneys were enlarged, and capsules easily detached.

Liver.—Convex surface covered with a thin layer of pus and lymph; tissue pale and fatty.

Microscopic examination of liver showed extensive fatty degeneration. In fresh specimens, treated with ether, fat was dissolved.

The tubuli-uriniferi were enlarged and contained either an entire cast, or a portion of one, and transverse sections showed them choked up with debris of epithelium. Connective tissue was granular, particularly about the Malpighian bodies. The pancreas was in a state of fatty degeneration.

CASE LVI.—Admitted July, 1873. Man, aged 57, widower, two children, intemperate, native of Ireland. Was a case of chronic mania, had been insane for an unknown length of time, and a year before admission had been declared so by a commission. Then had hallucinations of hearing, and was suspicious that persons had formed a scheme to take his life. Was sent to Ward's Island Asylum. After being there about two weeks, his wife finding him quiet and comfortable, took him home on a pass. He had been home about a week when he attacked his wife and daughter with a hand-saw. He killed his wife, injured his daughter severely, and then tried to cut his own throat with a razor. This attempt was frus-

trated by his daughter, who called a policeman who took charge of him. He remained in the Tombs for some nine months; when on trial he was declared insane and sent to the Asylum. While here he continued quiet; always denied that his wife was dead, and asserted that "she would be to see him some fine day." Was indifferent, incoherent and foolish in speech. After about a year he was transferred to the Asylum for Insane Criminals.

CASE LVII.—Admitted May, 1873. Man, aged 38, married, butcher, Lutheran, intemperate, native of Germany. He committed the homicide in Chautauqua County, N. Y., where he appeared as a tramp, went from house to house begging food and lodgings. He applied at a farmer's house at breakfast time; at the suggestion of the wife the husband told him to split wood in the shed until they were through eating when he should be fed. The farmer went into the wood-shed with him, the patient felled him at once with a single blow with an axe. Death followed within a short time. He was arrested the same day, in May, 1873. The circumstances attending the murder, the utter indifference of the prisoner to his fate, and even to the preparations for defense, suggested the propriety of an examination into his mental condition. I was sent for by the District Attorney, to conduct such an examination. He was found to be insane and to entertain a variety of delusions, which affected especially his relations with others, asserted that his wife entered into other women, and that a little girl in the prison yard was his wife, that he owned all the whore houses in the world, and controlled their inmates, that he could do anything, as God had given him power, that he could not be killed by all the people in the world, that he hit a man with an axe but he was not dead but was in the air, that the man asked him to chop wood, and that no man had a right to ask him to do anything, that a voice told him he had a right to go to every place and ask for everything, and everybody must give it. He was filthy in his habits, washed his person in his urine, and said he kept himself clean in this way; he was incoherent in his ideas, was easily excited and as readily controlled. A commission appointed declared him insane, and he was sent to the Asylum, at Utica, while here he was quiet, indifferent, incoherent, careless in his habits, ate voraciously, occasionally manifested irritability, but was not violent. History subsequently obtained showed he had been insane a long time. After a few months he was transferred to the Asylum for Insane Criminals.

CASE LVIII.—Admitted January, 1875. Woman, married, two children, age 35, common education, drinks, native of Ireland, not hereditary. She had lived happily with her husband who was a laboring man, engaged in cleaning the street cars. He went early to his work and returned about seven o'clock for his breakfast. She was in the habit of drinking, taking mostly ale, and rarely if ever becoming intoxicated. For some nine years had been subject to attacks of epilepsy, occurring at irregular and infrequent intervals. The day before the homicide had moved, doing much of the lifting, and carrying up and down stairs of her furniture. On the morning she arose at six o'clock and went down stairs for fuel with which to make the fire. Her two children, a boy of six and a girl of four were asleep in the adjoining room. As she went up stairs with the wood in her arms, she felt one of her fainting fits coming on, and calling for assistance upon her neighbor hurried to her room. At this point her recollection of subsequent events ceased. It is in evidence before the commission, by the neighbor, that she went in and found the woman in an epileptic fit, but unfortunately went out before she recovered. At a little before seven a violent pounding was heard upon the inside of the door, accompanied by cries of help from the little boy saying, "Mamma is putting the baby upon the stove." The person aroused finding the door locked went into the hall and climbing up by the fire escape saw the mother holding her little girl upon the stove, and heard her say, "Take me off the stove Mamma and I'll not tell Papa." The witness saw neither fire nor smoke. The father returned with his brother; he found the room filled with smoke and steam, and his wife standing by the stove trying to put a rimmer on. The central piece and the other two were afterward found at the bottom of the grate, covered with the wood and coal. She had such a dazed, vacant stare, that his first exclamation was "wife are you drunk?" She made no reply to this or any subsequent question. On looking for the children, he found the little girl in bed and she had on a clean night gown. She cried out piteously that her mother had burnt her on the stove. He took her up and found the night gown unsoiled by black or smoke. On raising this he found the short undershirt tinged a deep yellow hue, and that it emitted the smell of burning wood. The nates, posterior, aspect of the thighs and calves, and the soles of the feet were burned in varying degrees, from a destruction of the skin, to a roasting of the tissue, till it could be best compared to the rind of roasted pork. A physician was summoned. The mother continued

dazed and insensible, and to repeated questions from the brother-in-law, as to the meaning of what had transpired, replied, "I don't know, I feel sick." She went immediately to bed, and slept heavily till late in the forenoon, when she was aroused by the physician, and urged to get up. The child lived thirty-six hours, and though in the same room, the mother manifested no interest in its sufferings, took no notice of its cries, and had to be compelled, by command, to give it a drink of water. She did not speak unless spoken to; appeared listless and apathetic, and moved about as if asleep. She was indicted for the murder of her child, and her counsel, assigned by the Court, pleaded insanity as her sole answer. The Court then appointed a commission to report upon the fact of her mental sanity at the date of the offense. The conclusion of the Commissioners was that she had long suffered from epilepsy, that on the day of the homicide, November 20, 1874, she was attacked by a seizure, from the consequences of which she was not freed for the space of thirty-six hours; that while within the shadow of the epileptic circle she did not know the nature, nor intend the consequences of the act she was performing, by reason of mental aberration, the product of disease, and was in consequence within the intent and meaning of the statute, insane and irresponsible. The presiding justice, Josiah Sutherland, having approved the finding of the Commission, an order was made for her commitment to the Asylum, where she now is. I have condensed the preceding history from the report of the case, by Dr. John Ordronaux, State Commissioner in Lunacy, and one of the Commissioners, in the *AMERICAN JOURNAL OF INSANITY*, April, 1875:

This subject will be continued by the analysis and history of cases of attempts to commit homicide.

IN THE MATTER OF RICHARD BECKWITH— A LUNATIC.

LUNATIC, CONTRACT OF. COSTS—WHEN NOT ALLOWED IN PROCEEDINGS TO SUPERSEDE COMMISSION OF LUNACY.

Where an attorney was retained by a person who had been insane a number of years, to institute proceedings to supersede a commission of lunacy, and the attorney who had known the insane person for a long time and knew him to be insane, and his mental condition not improved, commenced proceedings without consultation with the committee of the lunatic or any member of his family, and the proceedings were unsuccessful. *Held* (1) that there was no contract for the services of the attorney which could be enforced against the lunatic's estate, such services not being for the benefit of the lunatic; and (2) that the court would not, as a matter of discretion, allow the attorney any sum whatever in payment for his services.

In such a case the question of granting or refusing costs rests in the sound discretion of the court, and they will not be granted unless the proceedings are for the benefit of the lunatic, and are instituted and prosecuted fairly and in good faith.*

Appeal by the committee of Richard Beckwith, a lunatic, from an order at the special term confirming the report of a referee.

Richard Beckwith had for many years been a successful merchant, and afterward an extensive farmer, owning a large dairy farm in Jefferson County, New York, was a member of the church, temperate in his habits, and the father of six children. By a decree of the Court, a second marriage had been declared void, having been contracted while he was insane. Three of his children had been insane; a grandchild subsequently died in the State Asylum, at Utica.

He was fifty-three years of age when first admitted to the Asylum, in September, 1842, and was then said to have been insane for more than a year, was fearful and suspicious, asserted he was to be arrested and thrown into prison, was inclined to wander from home, had become reduced in health, and was sleeping poorly.

* Supreme Court Reports, March, 1875.

He continued gloomy and despondent while in the Asylum, and expressed the delusion that a conspiracy existed to take possession of his property, and to imprison him permanently. He improved somewhat, and in May, 1845, was so discharged. In December, 1845, he was returned to the Asylum, in a depressed condition, was timid, fearful of injury; he had wandered from home, attempted suicide by hanging with a handkerchief, and had also threatened some members of his family. In July, 1846, he eloped from the Asylum, and on being brought back, after an absence of nine days, said he had been within ten miles of home, but feared to go to the house, lest they should kill him, had thought of coming back to the Asylum, but feared he might be killed for having gone away. In the spring of 1847, he began to talk about being hurt, and daily asked, "what is going to be done with me, shall I live through the day uninjured?" These fears he expressed for some months, and they seemed to control him. He improved, was quiet and contented, and in this condition was discharged in May, 1848. In December, 1850, he was returned, having been in a very comfortable condition in the interval, and having managed his business successfully. His insanity was marked by delusions of the same general character, as on previous occasions, that he was to be put to death, in the most cruel manner, that every day would be his last. He ate sparingly, from the delusion that he was accused of crime, and that eating was an acknowledgment of his guilt. He improved rapidly under treatment, and was again discharged in March, 1851, improved. He was re-admitted in May, 1854, in the same depressed condition as previously given, with a still wider range of delusions, most of them of a distressing character, even declining to shake hands lest he might injure others

by so doing. In June, 1855, a commission *de lunatico inquirendo* was issued; on the evidence of Dr. Gray, Superintendent of the Asylum and Dr. John B. Chapin, then assistant physician, and others, his insanity was established, and his son William was appointed committee of his person and estate by the Court.

He gradually passed from this state of depression, to one of quiet and exalted delusions, such as that he owned the State, and held direct communication with God, with other delusions hereafter given. He frequently went out on parole, attending church in the city, and visiting acquaintances, resident in Utica. In 1861 and 1862, he had at times, periods of excitement, when he was loquacious and disturbed. He became quite fleshy, so much so as to render locomotion difficult, in connection with a large hernia, from which he had long suffered. During all this period he was unwilling to write even his name, and though he often spoke of being released and going away, he had apprehensions of danger from persons outside, if he left the Institution. At the breaking out of the war in 1861, he claimed he had a controlling influence, and was commissioned by the Almighty to end it. He frequently spoke of delusions in regard to women, and of being married, as subsequently detailed. This was substantially his condition up to the time proceedings were commenced, he was in a comfortable state of general health for a man of his years, was on the convalescent ward, amused himself much in playing checkers, had all the liberty he desired in going about the grounds, and to the city, attending religious services, church picnics, &c. During the whole period he manifested no interest in any of his business affairs, and never alluded to them, and though often urged to visit his home by his family, and the officers of the Institu-

tion, he either declined, or made some excuse for not doing so.

Toward the last of February, 1871, Mr. Beckwith told Dr. Gray with much agitation of manner, that he, Beckwith, "was a dead man," that Mr. Carter, of Utica, got him to swear to a paper he knew nothing of, and as soon as he signed the cross on it, he felt himself struck with death; that he violated a Bible law; that he was going to be turned out, castrated and cut up; begged him to stop Carter from having him killed that night; that if Dr. Gray would shake hands, it might save him; said Carter got him four times at his office, before he signed the paper, that he then brought a man in, with a short frock on, a kind of jockey man, whom he called a justice of the peace, to swear him, and Carter said he would expect him, Beckwith, to pay him for this, but he made no promise to do so. Dr. Gray advised him not to worry about it, as he must be mistaken about signing or swearing to anything. Mr. Beckwith said it was true, and he would find it out too late, that he was a dead man. A letter received within a few days from Mr. William Beckwith, the son and committee, conveyed the information that Mr. George C. Carter, a lawyer in the city of Utica proposed to undertake, by legal process, the removal of the committee, and restoration to Mr. Beckwith of his personal liberty, and of the care of his property, and confirmed the patient's statements to Dr. Gray. Dr. A. O. Kellogg, an assistant physician, and Mr. H. N. Dyer, the Steward, called upon Mr. Carter, and informed him fully of Mr. Beckwith's condition. He was also urged by the son and committee to come up to the Asylum, and learn of his father's condition from the physicians here. This he did not do, but commenced proceedings, based upon the petition of Richard Beckwith, praying for the suspension of the inquisition, on the ground of

his being of sound mind and understanding, and entirely competent to manage his own affairs and business. This was further sustained by the affidavits of Dr. Warren E. Day, of Utica, of Martha L. Witcher, of Whitestown, and of DeWitt G. Ray, of Utica. These persons had but a casual acquaintance with the patient, having met him occasionally and for short periods. Much stress was laid in these affidavits, upon the fact that he was allowed the liberty of attending church, and of visiting his acquaintances in the city unattended. The motion before the Court for superseding the committee, was opposed by the affidavits of Dr. Gray, the Superintendent, and the assistant physicians of the Asylum, testifying not only to his present condition of insanity, but also to the probability of his being incurable. The Court, Hon. Henry A. Foster, presiding, ordered that the petition be referred to O. S. Williams, Esq., of Clinton, Oneida County, New York, to inquire and report whether said Richard Beckwith was of sound mind and memory, and capable of the management of himself and his affairs, and whether the commission heretofore issued against the said Beckwith, may, with propriety be suspended.

An order was subsequently granted by the Court giving the petitioner authority to present additional affidavits; within the allotted time nine others were furnished; while the reference was pending, application was made to Dr. Gray for permission to have physicians examine the patient, with a view of giving expert testimony in the case. Dr. William A. Hammond was hired by the counsel for the petitioner to come to Utica to examine Mr. Beckwith, under a stipulation of receiving \$400 for his services. He was denied admission unless under an order of the Court. Application was then made at the Special Term for an order to

allow physicians to see the petitioner and for his removal from the Asylum, and for placing him under the medical care of Dr. L. A. Tourtellot, of Utica who had furnished an affidavit to the effect that the patient might be safely removed from the Asylum pending the action of the referee. This motion was opposed by the affidavits of Dr. Gray, and of the assistant physicians in the Asylum, and some members of the patient's family, setting forth the enfeebled and disturbed condition, and unhappy delusions which had characterized his case since the beginning of the proceedings by Carter. We append the affidavit of his son and committee, Rev. William Beckwith, as fully exhibiting his past and present condition.

LEWIS COUNTY, SS.:

William W. Beckwith, of the City of Albany, State of New York, being duly sworn, says he is forty years of age and the son of Richard Beckwith an inmate of the Utica Asylum, that he has been with said Richard from time to time during the past seventeen years, and has conversed freely with him for the purpose of determining whether his mental condition was such as would make it safe or prudent to remove said Beckwith from the Asylum. During the past seventeen years said Richard has been in a comfortable condition of mind, and impressed with the idea that he was the possessor of the State of New York, and that he was only waiting for a fit time to take possession of it for his own benefit. From year to year this deponent has inquired of said Richard whether he would come with said William, to which request he has without exception refused, saying "I am not yet ready," "I must go right when I go," and always conveying the idea that he had a great work to accomplish before he could leave the Asylum. Said Richard has for years past labored under the delusion that God was to use him in revolutionizing the world, and that he has been prevented from exercising the divine power in consequence of being an inmate of the Asylum: said deponent has been conversant with the mental condition of said Beckwith during the entire period of his insanity, which has assumed different forms or phases. At times previous to his last attack in 1854, said Richard,

through fear of bodily harm being done him, has given his family cause to fear he would take his own life, and was once prevented from doing so by the timely discovery of his daughter Harriet. Said Beckwith is now laboring under the same fears and delusions, and were he to be placed under the care of strangers, this deponent would be apprehensive lest said Richard would again attempt self destruction, for he often says death would be preferable to the sufferings which he now endures. This deponent is charged by the Supreme Court of the State of New York with the care of said Richard and his property, and in the exercise of that trust, has at times past directed Dr. John P. Gray, under whose immediate care said Richard has been for the past seventeen years (to the entire satisfaction of every member of the family) to supply said Richard with as much money as would contribute to his comfort or pleasure, and to grant said Beckwith all the liberty consistent with his welfare and happiness. Said deponent is assured by said Beckwith and from what he has himself seen, that his wishes and instructions have at all times been carried out in a manner which places the family of said Richard under lasting obligations, not only to Dr. J. P. Gray, but to the other physicians, officers and attendants of the Asylum whose province it is to care for and supply the wants of said Beckwith. On the second day of May, this deponent received a telegram from Dr. J. P. Gray, requesting him to come to Utica to see his father whom he found in a very much worse condition than he had been in since his last admission in 1854. The said Richard feared he was to be tortured in the most cruel manner, his tongue was to be cut out, the marrow bored from his bones, his face skinned, &c., &c.; this deponent has seen said Beckwith upon five different days since, and at each time under the same painful circumstances. As to the cause which produced this unhappy change, this deponent cares not to speak, but asks the protection of the Court in behalf of a suffering man, whose years number four score, and whose death the members of the family fear is being precipitated by the excitement and surprise, incidental to the action taken. This deponent further states that upon receiving information from one George C. Carter, of his intention to make application to the Supreme Court, at Watertown, Jefferson County, on the twenty-first day of March last, for the discharge of said Beckwith from the Asylum, he, this deponent invited said Carter to call upon Dr. Gray for the facts with reference to his father's condition, to which request said Carter paid no other attention than to acknowledge the receipt of said letter in

one sent in answer to a subsequent letter written by said deponent. Said Richard formerly wrote a very plain hand but now signs with a cross.

WILLIAM W. BECKWITH.

Subscribed and sworn to, before me, this 13th day May, 1871, at the City of Albany, State of New York.

J. A. McKOWN,

Commissioner of deeds in and for the City of Albany.

The motion to examine was allowed, and an order granted by the Court that Drs. M. M. Bagg, Alonzo Churchill, and L. A. Tourtellot and also the counsel, George C. Carter, be permitted to visit and converse with said Richard Beckwith, and that he be produced before O. S. Williams, Esq., the referee, at the time and place appointed for the reference. This took place in the City of Utica, on the first of June, 1871. Several witnesses were sworn who testified to acquaintance with the patient, and to short conversations with him, especially when coming from church, or during brief calls upon him at the Asylum, or occasional visits from him, in which they detected no evidences of insanity, though some of them admitted, on cross examination, that he did not seem exactly right, especially on the subject of matrimony. No witnesses appeared on the part of the committee, but Dr. Walter Kempster, one of the assistants, was called by Carter, and testified as follows:

I reside in the city, and have for four years and one month, and am one of the assistant physicians at the Asylum; I am acquainted with Mr. Beckwith, and have been ever since I went to Asylum; I have charge of hall where he is; have had charge of that hall before; but for the last time since January last, and since that date have occasionally administered medicine to him; have done so continually since February last; I made an affidavit stating I had administered medicine to him.

Carter. This witness is called because we could not obtain the affidavit used in motion in Lewis County.

Spriggs. Explains as to affidavits, and they are produced in Court.

Witness. I am third assistant physician; the remedies administered to Mr. Beckwith since February, were stimulants and anodynes, and before that time the same remedies occasionally.

Cross examined. In general terms, Mr. Beckwith is in a state of chronic insanity, very restless, disturbed, and wholly controlled by delusions; he has a delusion as to his personal power, and claims to be the agent of God Almighty on earth; that he has by this means obtained possession of the State of New York; that by permission of the Lord, he did it in this way; a man by the name of Palmer brought portions of property and placed them on the well curb at the Asylum; these portions representing titles of property in the State of New York; that he won these bits of property on the well curb, and consequently won the entire State, and that it rightfully belonged to him now; he still has the delusion, that in 1861, by looking through a horse collar lined with red, he saw that the rebellion was coming, and foretold its consequences, and that if he had been permitted to go to Washington, at the time, he could have brought it to an end; he proposed to go to Washington and take command of four companies of heavy artillery; God was to be the ruler, the Bible the Law, and he the administrator; he proposed by means of these companies to drive the enemy out of the world, and to combine all nations into one Government, he being the administrator, and when a rebellion broke out anywhere, to take three or four nations and put it down. In going to Washington he proposed to

have a body guard of eighteen young ladies, dressed in white, who were to wait on him, and obey his orders; Dr. Gray refusing to allow him to go was responsible for the rebellion and loss of life. He still maintains he has communication with God Almighty, and that he told him to make an offer of marriage to a woman named —; that he did not want to marry this girl, but one Sunday he was surrounded by a bright light and taken hold of by an unseen arm and pushed into the cheese house, where the Lord put words into his mouth to address this lady; he knew God had done this, because one day he was met by a man who told him if this was so, he had better marry her, because she could do him so much good, and he knew by that, that the Lord had raised up witnesses to testify in his behalf; he told this girl he never had such feelings in his life, and that he would not take his big barn full of solid gold for her. Said he did not want to marry her, but God told him to do so.

A recess was then taken, when Dr. Kempster continued his testimony, giving substantially the conversation which patient repeated to Dr. Gray, already given in full. His delusions of fear, which controlled him since the proceedings began, were detailed, “that he was to be cut into strips the width of the stripes on his settee, that he refused to open his mouth from fear his tongue would be pulled out by Carter, who had got the locomotives to scream at night to scream him to death, and also feared those who conversed with him, and asked to be protected from them. If the furniture of his room was moved it was to prepare it for some one after his death, or if the sheets on his bed were changed it was for the purpose of laying him out.”

In answer to the question whether in his opinion the patient was capable of taking care of himself and of his property, the Doctor replied in the negative, and in support of his opinion narrated the occurrence of the patient having promised him a deed of his farm, if he, Dr. Kempster would protect him through the following night. He says: "I asked him if he would sign a paper to that effect, and he said he would, and I took out a card, and he wrote his name on it, and said I might fill it up with anything I pleased. His health is poor, he is feverish, has urinary difficulties, and sometimes refuses to eat: I have fears that he would do violence to himself if left to himself; as we were cleaning his room a few days since, he found an old knife which he seized hurriedly and drew across his throat. I took it from him and asked him why he did that. He said he had better do that than be cut up, castrated, &c. Previous to the legal proceedings I never knew him to threaten any violence to himself." The testimony of Dr. Kempster was given at greater length than we have here quoted, and contained other facts of the same general character.

Mr. Richard Beckwith was then produced in Court, and reiterated many of the delusions already mentioned, in answer to the referee, and the physicians who had been appointed to examine him. They were also sworn; Drs. Bagg and Churchill testified to his insanity, and gave their unqualified opinion that he should be retained at the Asylum. Dr. Tourtellot testified to his insanity, to his enfeebled condition, and to his inability to manage his own affairs, but said further; "I think the proper place for him is in a private family, and he can be as well cared for and better, and so the profession and my books hold the rule to be; a large number of insane persons assembled together tends to produce

excitement with the patient." The referee, O. S. Williams, Esq., returned the evidence, with his opinion, that Beckwith was insane, and that he ought not to be set at liberty. The report was confirmed and the motion denied.

Carter applied to the Court to compel the committee to render an account, none having been rendered since his appointment, and also to compel him to acknowledge that he held in trust, a house and lot which he had purchased for the use of the family, in Watertown, and the title to which he took in his own name. These orders were granted and an account rendered, and the existence of the trust admitted.

After these proceedings were concluded, Carter applied to the Court for an order requiring the committee of Beckwith to pay him for his services and expenses amounting by his bill to \$2,083.63.

We present the account as rendered, with the sum of the smaller items, for serving papers, paying witnesses, &c. It is an interesting document, as it shows the imposition attempted to be practiced on the lunatic, and also a motive which may possibly have influenced the lawyer in his action in the case.

SUPREME COURT.—COUNTY OF JEFFERSON.

IN THE MATTER OF
RICHARD BECKWITH,
A LUNATIC.

} *Bill of Costs.*

Amount of services of George C. Carter, attorney for petitioner, in proceedings to supersede the commission and to examine into the affairs of the estate of said Richard Beckwith, and for examining into the sanity of mind, and the matters and affairs of the above named Richard Beckwith, and hunting up witnesses and correspondence in the above matter, and draughting papers in

said matter, and attendance at Special Term, at Watertown, in March, 1871, gone three days, attending May Special Term, at Lowville, in 1871, two days, attending August Special Term, at Herkimer, in 1871, two days, visiting said Richard Beckwith, with physicians at Lunatic Asylum, attending reference before Hon. O. S. Williams, three days, procuring affidavits for motions, subpoenaing witnesses for reference, and seeking and procuring medical experts to see and examine said Beckwith, examining into the accounts, and inventory of committee for seventeen years and three months, filed by order of the Court, on or about the 30th day of September, 1871, which said order was granted by said Court, on the 24th day of August, 1871, at Herkimer.

For counsel fees, and for counsel and service of Messrs. Adams & Swan,.....	\$1,500 00
Additional allowance for Dr. William A. Ham- mond's service,	400 00
Amount for Dr. Louis A. Tourtelott's bill, rendered,	50 00
	<hr/>
	\$1,950 00
Disbursements as per statements below,.....	133 63
	<hr/>
Total amounts and disbursements,.....	\$2,083 63

The Court made an order referring it to Judge Mason, to inquire and report what sum should be allowed to Carter for his services, with the evidence taken by him, and his opinion thereon. The referee heard the proofs and allegations of the parties, and reported that Carter ought to be allowed \$858.63. Exceptions were taken to the report, which were overruled, and it was confirmed, and from the order overruling the exceptions, and confirming the report, this appeal is taken by the committee. Carter was allowed some \$95, for services in proceedings to compel the committee to account, and to acknowledge that he held the title to the house in Watertown in which the family of said Beckwith resided. This sum the committee paid. Upon this appeal of the committee, from the report of the referee, regarding the allowance to Carter, the following decision was rendered by the Court.

Present;

Judges Mullin, E. Darwin Smith, and J. J. Gilbert.

Decision rendered by

Mullin, P. J.

A contract with a person not known to be of unsound mind, and who has not been found, upon a commission *de lunatico inquirendo*, to be insane, may be sustained if it shall be proved to have been fairly made, and without advantage being taken of the lunatic.* But neither money advanced nor compensation for services can be recovered against a lunatic, if the circumstances were such as to put the party upon inquiry, as to his mental condition, by the reasonable pursuit of which his unsoundness of mind might have been discovered.†

It was held ‡ that after inquest, and the appointment of a committee, all contracts by the lunatic are absolutely void.§ These propositions are subject to this modification, that the law will imply a contract on the part of the lunatic, to pay for necessities for the support of himself and his family. The case that has gone the furthest of any that I can find, in holding the estate of the lunatic bound by contract for services, is *Wentworth v. Tubb*.|| In that case the lunatic had employed a solicitor, to traverse an inquisition of lunacy, and he was unsuccessful. He applied to the vice-chancellor, for an order, directing the payment of his costs out of the estate. The application was allowed, the vice-chancellor saying, although allowed in that case, yet, "if anything fraudulent or unfair—or perhaps I may go so far as to say frivolous or litigious—appears to have taken place on the part of the solicitor, the Court may say that no debt arises."

*2 Kent's Com. 451, and note 1. †2 Kent's Com. 451, note. *Lincoln v. Buckmaster*, 32 Vt. 652. ‡*Fitzhugh v. Wilcox*. (12 Barb. 235.) §*Wadsworth v. Sherman*, 14 Barb. 169. ||2 Younge & Coll. 537. 21 Eng. Ch. 537.

Carter says he was retained by Beckwith, and by no one else. He neither consulted with the committee, nor any member of his, (Beckwith's) family. They knew his condition, and could have informed him whether it was either wise or safe to set him at liberty. Dr. Gray, or any of the physicians or attendants in the Asylum, could have disclosed to him Beckwith's mental and bodily condition, and the prospect, if any, of his restoration to health. No one was consulted, nor any effort whatever made to learn the truth in regard to Beckwith's condition, before an expensive, tedious, and to the children and friends of the family, painful litigation was begun. Carter had lived neighbor to Beckwith, knew he had been insane for years, and that it was necessary to send him to the Asylum. He saw him repeatedly, after he, (Carter,) removed to Utica, and could not but know from his conversation that his mental condition was not improved.

He, (Carter,) admitted to Dr. Gray, after proceedings were instituted, that he knew Beckwith was insane, but justified his conduct because he thought he might be set at liberty, and permitted to enjoy his property, and ought not to be longer detained. With this knowledge, it was shameful to act upon the retainer of Beckwith; it was a fraud upon his family, a fraud upon the Court, and a prostitution of the forms of law for his own personal, pecuniary benefit, without a single chance of benefit to the client. Knowing Beckwith to be hopelessly insane, he induced professional and non-professional persons to swear that he, (Beckwith) was in their opinion, of sound mind and capable of managing his own affairs. These persons had only a very slight acquaintance with Beckwith, had never seen him when laboring under one of his delusions, and, honestly, I have no doubt, believed him to be sane.

Carter knew better, and he presented their affidavits to the Court as being true, when he knew they were not.

When the fact was disclosed to the Court, that it had been so shamefully imposed upon, it owed it to itself, to the public, and especially to the 'unfortunate subject of the litigation and his family, to punish the person who did it. If such conduct is permitted to go unpunished, no insane person, no idiot, no infant who has property is safe. There are, and always will be, men hanging on to the skirts of the profession, ready and willing to take advantage of the affliction that God in his providence has laid upon the idiot and lunatic, to seize upon and appropriate their property to their own use, regardless alike of the laws of God and man, and of all sympathy for those who are deprived by their villainy of bread to eat and clothes to wear.

There was no contract for the services of Carter which can be charged on his estate, but if there was, the Court will not enforce it, because the services were not for the benefit of the lunatic, and Carter was guilty of fraud, as well in procuring the employment, as in the conduct of the proceedings.

It remains to inquire whether the Court will, in the exercise of its discretion, direct the payment of any sum whatever to Carter, as compensation for his services?

In the Matter of Catharine Cumminy,* it was held that it was a matter of right for a person found to be a lunatic, upon commission, to traverse the finding, but the Court would nevertheless exercise control over the matter, for the protection of the lunatic and his estate, and would satisfy itself that the proceeding was *in good faith*, and that the lunatic, when

he seeks to traverse the finding, *is competent to judge of what he is doing, and is really desirous that the traverse shall issue.*

This rule applies to applications by the lunatic to supersede the commission, as well as to applications for leave to traverse it. And had such an investigation been had in this case, this litigation might have been prevented. It must not be inferred from these remarks, that I intend to cast any reflection upon the action of my brethren who have taken part in these proceedings. The papers accompanying the petition were sufficient to disarm suspicion, and to induce the Court to order a reference to ascertain the actual condition of Beckwith. It was not the fault of the Court that counsel deceived it, and imposed upon it affidavits as true, which he knew were untrue, although not known to be so by those who made them. A personal examination in conformity to the English practice, would have enabled the Court to detect the imposition and thus quash the proceedings at the very outset.

Costs are not granted against a person who institutes proceedings to declare a person a lunatic and fails in them, if the prosecution has been in good faith.* The same rule is applied when the attorney of the lunatic fails in an application to traverse or supersede the commission.† Indeed, the question of granting or refusing costs rests in the sound discretion of the Court and they will not be granted unless the proceedings are for the benefit of the lunatic, and are instituted and prosecuted fairly and in good faith.‡

In Re Conklin,§ a solicitor appeared for Conklin, against whom proceedings had been commenced to

* *Brower v. Fisher*, 4 Johns. Ch. 441. † *In Re Felger*, 4 Johns. Ch. 169.

‡ *In Re McLean*, 6 Johns. Ch. 440; *In Re Tracy*, 1 Paige, 580; *In Re Van Cott*, 1 id. 489.

§ *Eight Paige*, 450.

declare him to be a person of unsound mind, to oppose the same, but Conklin was found to be a lunatic at the time of the retainer of the solicitor. The solicitor applied to the Court for an order directing the committee to pay him his costs incurred in such proceeding. The chancellor held the solicitor entitled to his taxable costs. He says; "As the person against whom the commission issued has been found to be a lunatic at the time of the retainer of the petitioner, the latter has no claim against the estate on the ground of contract, as he is not a creditor of the lunatic, who was incompetent to make a valid contract to pay him for opposing the commission. And, as a general rule, the Court will not allow the costs of an unsuccessful opposition, as the party who is really a lunatic is not benefited thereby. This Court may, however, in its discretion, allow costs for opposing the commission, when the fact of the lunacy is so much in doubt, that the chancellor would have directed and sanctioned such opposition if an application had been made to him in the first instance. In this case it appears from the petition that there were reasonable grounds for believing that the party proceeded against was not a lunatic; and the committee do not appear to oppose this application, as it was their duty to do if they believed the allegations in the petition to be incorrect."

In no view of the case is the attorney entitled to costs; on the contrary he should be compelled to pay the costs and expenses which the committee has been put to by reason of this most unjustifiable and unnecessary proceeding. It is only by inflicting severe punishment upon attorneys who use the Courts of Justice to strip their clients who are incapable of protecting themselves, that they and their families can be protected against forays upon their property.

It may be said that the order of the Court referring it to Judge Mason to inquire and report what sum should be allowed Carter for his services, was virtually an exercise of the discretion of the Court, and an allowance to the attorney of the costs of the proceedings. If the order of reference could be held to have the effect of allowing the attorney costs, it should be satisfied, in view of the facts disclosed in this case, by allowing him six cents, and no more, the amount resting entirely in our discretion in reviewing the order of confirmation. But if the order is to be held to allow the attorney costs, it was improvidently granted, being in violation of the long settled practice of the Court in such cases. Courtesy should not constrain us to impose upon the estate of the lunatic so oppressive and unjust a burden, as the allowance of the sum awarded by the referee would be. In making this disposition of the case, we are not to be understood as reflecting in the slightest degree on the action of the referee. He was not at liberty to inquire into the character of the proceedings, or the motives that prompted the attorney to action. He was to inquire what the services rendered were worth, assuming them to be honest and fair, and we have no reason to find fault with the amount he has awarded to the attorney, if he is equitably entitled to anything, which he is not.

Exceptions to the report of the referee are allowed, and the order of confirmation reversed, with ten dollars costs to be paid by Carter to the committee or his attorney; and the motion for confirmation is denied, and the order of reference vacated.

Ordered accordingly.

This decision is reprinted from the Supreme Court Reports for March, 1875. Marcus T. Hun, Reporter.

Richard Beckwith died in January, 1875. An appeal, however, was taken by Carter to the Court of Appeals of the State of New York. We have in this case the anomaly of a lawyer entering a suit in behalf of a lunatic, and taking an appeal, when his client, before, dead in law, now, no longer has an existence either in law or in fact.

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REPORTS OF AMERICAN ASYLUMS FOR 1874.

MAINE. *Report of the Maine Insane Hospital: 1874.* Dr. H. M. HARLOW.

There were in the Hospital, at date of last report, 411 patients. Admitted since, 189. Total, 600. Discharged recovered, 61. Improved, 33. Unimproved, 61. Died, 52. Total, 207. Remaining under treatment, 393.

Dr. Harlow reports several changes in his staff of officers during the year. The position of second assistant physician, which had been occupied for a year by Dr. Maria A. Meserve, was made vacant in April last. The Steward and Treasurer, and also the Matron resigned their places, which have been satisfactorily filled. The new chapel, which was recently erected, has been occupied, from the pressing demand for room, as wards for patients. It is to be regretted that in an institution of this size, no proper accommodation has yet been made for a place of assembly for patients for religious services. In the report of the chaplain, the pressing need for such a building, and its advantages, are set forth. He states that a room formerly used as a dining hall, whose utmost capacity is for only one hundred people is still occupied for the purpose, and that the lack of room deprives many who would otherwise attend service, of this privilege.

The act passed by the last Legislature, changes materially the organic law of the Hospital. By this act, the trustees may appoint, subject to the approval of the Governor and Council, the Superintendent, Steward

and Treasurer, but they can not remove either of these officers. This is an anomaly, that the same power that appoints can not also remove the subjects of its own creation. The Doctor gives his views in brief, regarding the subject of insanity, its causation and pathology, recounts the wants of the Institution, and gives the changes and improvements in the buildings and grounds during the year.

MASSACHUSETTS. *Forty-Second Annual Report of the State Lunatic Hospital at Worcester*: 1874. DR. B. D. EASTMAN.

There were in the Hospital, at date of last report, 469 patients. Admitted since, 400. Total, 869. Discharged recovered, 71. Improved, 137. Unimproved, 101. Died, 75. Total, 384. Remaining under treatment, 485.

Dr. Eastman reports the settlement of the question which has been agitated in the State of Massachusetts, regarding the care of "insane criminals," and of the homicidal insane, who have not been convicted of crime.

The Legislature of 1874 passed the following act.

SEC. 1. The commissioners having in charge the construction of the State Prison, at Concord, shall make provision therein for insane criminals.

SEC. 2. The commissioners having in charge the construction of the Lunatic Asylums at Worcester and Danvers, shall make provision therein for the safe custody and treatment of the homicidal insane, not included in the first Section of this Act.

The law is somewhat indefinite in its use of terms, but the Doctor states that by insane criminals is understood insane convicts. This broad and absolute distinction will hardly relieve the hospitals much. There are cases, which though legally placed in the second class, it might be desirable should be sent at once to the Prison Asylum.

Discretionary power confided to the committing authority, would have provided for such exigencies. This may be engrafted on the law at some future period. This same question has been under discussion in the State of Pennsylvania, and will, we hope, be decided as favorably to the best interest of the insane in asylums, and to the safety of society, as regards the custody of the criminal insane class, as has been done in the State of New York.

Work upon the new building has been continued, and one wing, that is, the wards for one sex, was under roof last fall. The structure is of stone from the Asylum quarry, relieved by ornamentation with New Hampshire granite. The number of deaths is unusually large, seventy-five being recorded. This is accounted for by the unfavorable and hopeless character of many cases on admission. Twenty-three died within twenty days after their reception.

MASSACHUSETTS. *Nineteenth Annual Report of the State Lunatic Hospital at Northampton: 1874.* Dr. PLINY EARLE.

There were in the Hospital, at date of last report, 433 patients. Admitted since, 193. Total, 626. Discharged recovered, 37. Improved, 43. Unimproved, 45. Died, 25. Total, 150. Remaining under treatment, 476.

After commenting upon the admissions, largely transfers from other Institutions, and upon the changes of the mode of support, from private to public charge, Dr. Earle expresses his view regarding inebriates and inebriety. He states that four of the recoveries of the year were of that class, and that the only title to be thus classified, was the fact that they had recovered from their intoxication. The reason that they were not placed in the list of "not insane," was that by so doing he

might seem to impugn the judgment of their physicians and committing authority, in other words he surrenders his own opinion to avoid the imputation of a want of becoming modesty. He speaks of the difficulty of caring for them among the insane, and says that "of but too large a proportion of them it may be averred, that they are the pests of the hospital; the poison sheep that 'infect the flock and poison all the rest.'" After giving them such an unenviable reputation as a class, he speaks of the noble exceptions of "warm hearts and kindly feelings and tender sensibilities" which exist in some of them, and again returns to the attack. This time it is the uselessness of treatment, from the instability of purpose, and of will, which affect both the patient and the friends and the certainty with which they return to their evil habits, and he states :

"That of all who have been discharged during my connection with the Hospital, the number who have subsequently wholly abstained from intoxicating drinks, could be readily counted upon the fingers of one hand, with the thumb and perhaps a finger or two to spare."

He closes with the conclusion that Massachusetts should have a State Institution for Inebriates. From the Doctor's showing we think but little argument could be drawn in favor of such an institution, but the strongest argument is presented in his own favor, that no inebriate should be sent to the Hospitals for the Insane, *at least to this one.*

The employment and entertainment of patients is treated of at length, and the usual tables are presented. The total number of days in which patients have been actually engaged in some of the various departments, is 15,802, which is a large exhibit, much larger than institutions which receive a greater proportion of acute cases, can with justice to the patients, show.

In the number of entertainments, or rather assemblages of patients, this institution bears off the palm. It is a matter of congratulation that only twenty-one days of the year passed without some general congregating of the patients. Of these, thirteen were days of the meeting of the Board, one, the day of the Governor's visit, and one, when owing to the deluge from the giving way of the dam of the Williamsburg Reservoir, their supply of gas was stopped. This leaves but six days without some reasonable excuse.

Of all the different modes of entertainment, the preference is given to reading, sandwiched between music. "That is the intellectual meat and bread. Other things are necessary, as the side dishes, the condiments, the pastry and the fruit of the mental feast; but the mind is not substantially nourished by them alone."

"Art and Ornament." Under this heading is described all the pictures which adorn the walls of the Hospital. There are 1,308 in number, and are of all kinds and subjects, of all sizes and shapes, and are enclosed in all varieties of frames.

The Doctor presents his view of institutions, present and prospective, for disorders affecting the mind. After speaking of the heterogeneous character of the patients now admitted to Hospitals for the Insane, he recommends the establishment of an institution for epileptics, and another for inebriates. He disapproves of the erection of large hospitals for the accomodation of 500 or more of the insane, and argues in favor of smaller institutions, say for 250 patients, that those should be placed about the State in localities to meet the convenience of the population. He considers the idea of Asylums for Incurables as exploded, and attacks the principle upon which the State receptacle at Tewksbury was established, characterizing it an "advance in a retrograde

direction." He closes his report with a reference to the fact that ten years have passed since he first entered upon his duties as Superintendent of the Northampton Asylum, and gives a short financial history of the Institution during that period, which is highly creditable to the economical administration of affairs.

MASSACHUSETTS. *Twenty-First Annual Report of the State Lunatic Asylum at Taunton: 1875.* Dr. W. W. GODDING.

There were in the Hospital, at date of last report, 434 patients. Admitted since, 455. Total, 889. Discharged recovered, 93. Improved, 162. Unimproved, 59. Died, 67. Total, 381. Remaining under treatment, 508.

There has been a large number of patients admitted to, and discharged from the Asylum, involving an amount of labor, not adequately expressed in the figures of the daily average. The success of the Institution, during the year, has been satisfactory; suffering has been relieved, recoveries have followed well directed efforts.

A somewhat extended description is given of the new buildings which have been erected during the year, one of which is already occupied. From this we conclude that they are pleasant and comfortable, and have been built with special reference to durability, and adaptation to the needs of a Hospital for the Insane, and in these qualities there is the best claim to beauty and correct judgment in any building. We can not enumerate the improvements and repairs which have been carried out or are projected; they are many, and such as will add to the efficiency of the Institution.

MASSACHUSETTS. *Fifty-Seventh Annual Report of the McLean Asylum for the Insane: 1874.* Dr. GEORGE F. JELLY.

There were in the Asylum, at date of last report, 161 patients. Admitted since, 75. Total, 236. Discharged recovered, 20. Improved, 34. Unimproved, 24. Died, 10. Total, 88. Remaining under treatment, 148.

RHODE ISLAND. *Report of the Butler Hospital for the Insane: 1874.* Dr. JOHN W. SAWYER.

There were in the Hospital, at date of last report, 129 patients. Admitted since, 105. Total, 234. Discharged recovered, 41. Improved, 35. Unimproved, 16. Died, 15. Total, 107. Remaining under treatment, 127.

"Two important improvements distinguish the past year, in the annals of the Hospital; one, the commencement and partial completion of the David Duncan ward; the other, the introduction, for fire purposes and general use, of Pawtuxet water from the Providence water works."

Mr. Alexander Duncan had promised to contribute \$30,000, toward building the new ward referred to, with the provision that a like sum should be raised by subscription. Owing to the financial embarrassments of the past year, this effort was not successful. He, however, waiving the conditions, authorized the beginning of the work. The expenses of patients has averaged \$7.83 per week, and aside from a deficiency of less than \$1,000 has been met by the receipts from patients. Thirty-one patients received pecuniary aid from various sources.

The trustees report the death of two of their number, of John C. Brown who had been the President of the Corporation since 1867, and a member since the date of organization in 1844; and of John Kingsbury, who had held the position for eighteen years.

CONNECTICUT. *Fifty-first Annual Report of the Retreat for the Insane*: 1874. Dr. HENRY P. STEARNS.

There were in the Retreat, at date of last report, 121 patients. Admitted since, 78. Total, 199. Discharged recovered, 31. Improved, 12. Unimproved, 14. Died, 12. Total, 69. Remaining under treatment, 130.

Dr. Stearns recommends the erection of one or more cottages upon the Asylum grounds, for the accommodation of six or eight persons, especially for some of the chronic class, who are able to be trusted with, and enjoy more liberty than can be allowed consistently with the discipline of the Asylum wards. In support of this recommendation he refers to the successful use of such structures, at the McLean Asylum, and also at Cheadle, near Manchester, England, where the same class of patients are received, as at the Retreat. It is with the more opulent class who are able to bear the additional expense of such accommodations, that we should expect the most successful results. The building of the memorial chapel, toward the erection of which, the late Dr. Russell donated \$10,000, has been contracted for, and the work has already been commenced. It is hoped that it may be completed by September next.

CONNECTICUT. *Ninth Annual Report of the Connecticut Hospital for the Insane*: 1874. Dr. A. M. SHEW.

There were in the Asylum, at date of last report, 393 patients. Admitted since, 210. Total, 605. Discharged recovered, 41. Improved, 44. Unimproved, 34. Died, 31. Total, 155. Remaining under treatment, 450.

The new wing for male patients, opened in January, 1874, was completely filled in February last, after thirteen months. Both divisions of the Hospital are

now fully occupied with patients, and all applicants are obliged to wait their turn in order, for vacancies to occur, or apply elsewhere for admission. The report is made by Dr. W. B. Hallock, during the temporary absence of the Superintendent, Dr. Shew, in California.

NEW YORK. *Thirty-Second Annual Report of the State Lunatic Asylum: 1874.* Dr. JOHN P. GRAY.

There were in the Asylum, at date of last report, 580 patients. Admitted since, 368. Total, 948. Discharged recovered, 125. Improved, 53. Unimproved, 138. Not insane, 14. Died, 48. Total, 370. Remaining under treatment, 572.

One of the most interesting features in the report, is the consolidated table of causation, so far as could be ascertained, in the 11,399 cases admitted to the Asylum. In this table is exhibited the progress of scientific opinion and observation toward the theory of insanity, based upon pathologic changes in the physical organism. During the past eight years all the cases have been so classified, and we have the statement that continued experience not only confirms the truth of this position, but also, that in all cases, *post-mortem* examination will reveal "organic lesions, changes in the condition of the vessels or structures of the brain or its membranes." He discards the term, functional disease as a "phantom of the mind" as it has been designated by Winslow. A short history is given of the pathological investigation pursued for a few years past at the Asylum. The usual history of cases is continued. The report closes with some remarks upon hygiene, of interest, as showing the causes of the decline in health which too often terminates in an attack of insanity.

NEW YORK. *Sixth Annual Report of the Willard Asylum: 1874.*
Dr. JOHN B. CHAPIN.

There were in the Asylum, at date of last report, 770 patients. Admitted since, 216. Total, 986. Discharged recovered, 7. Improved, 11. Unimproved, 12. Died, 51. Total, 81. Remaining under treatment, 905.

Experience in this Institution, devoted entirely to the care of the chronic insane, but confirms the opinion now universally accepted, "that the hope of recovery rests mainly in prompt measures at the outset of the disease, and that after the expiration of one year, the prospect of a favorable result is lessened." This is given as an argument for the speedy completion of the Asylums, at present projected in the State. The showing as made in the report, by the statistics of institutions, that the per cent. of recoveries has diminished during successive decades, notwithstanding the advances in medical science and pathological research, combined with the increased advantages in buildings and knowledge of the disease and its proper treatment, would, if true, present a gloomy outlook for the future. It may, however, be questioned whether this increased dissemination of knowledge of the character of the disease, and the public provision for the care of the insane has not led to the placing more of the chronic class under treatment in the hope of benefit, while in earlier years, only the acutely disturbed and most troublesome in families were sent to institutions. Again we know, from observation, that many cases formerly discharged recovered, are at the present differently classified, in other words, more precision in the diagnosis of the condition has been attained, and the statistics of recoveries are more to be relied upon. Dr. Brown, of Bloomingdale Asylum, thus expresses himself upon the subject.

"There can be little doubt at this time that the innate traits of mind and heart which made the earlier race of hospital superintendents such zealous and successful workers in a new region of beneficence, led them also to form and express more encouraging opinions as to the curability of insanity than are justified by later experience on a broader scale, the statistics of many hospitals would be greatly and favorably modified, could the subsequent recoveries of improved patients be appended to the record."

The plan of erecting buildings supplemental to various asylums for the care of the tranquil and harmless cases is recommended. The asylum is considered as an experiment, as regards the willingness of the community to sustain a system of improved care for the class of patients now received. In the managers report, we find also a recommendation for appropriations to contribute to the erection of detached buildings to increase the capacity of the Asylum to 1,800 inmates, and thus care for all the insane at present in the various county poor houses of the State. This, however, does not meet the approval of the entire board, one of the number recording his dissenting voice. There are many arguments to be adduced against this proposed plan. Besides the impracticability of personal superintendence, (and even now the aid of the telegraph is invoked,) is the great expense of transferring patients from the more remote parts of the State, and the distant removal from friends, to whom the burden of expense, would practically render visitation impossible. The tendency of the times is for the individual counties to erect buildings which are adapted to the care of their patients and thus retain the charge and control of them. This policy, the State, by their action in giving the State Board of Charities authority to relieve from the operation of the Willard law, virtually approves.

NEW YORK. *Report of the Bloomingdale Asylum: 1874.* Dr. D. T. BROWN.

There were in the Asylum, at date of last report, 189 patients. Admitted since, 110. Total, 299. Discharged recovered, 25. Improved, 56. Unimproved, 23. Died, 19. Improper subjects, 1. Total, 124. Remaining under treatment, 175.

We give the views of Dr. Brown regarding the present style of asylum buildings, as they are so opposed to the demands from some quarters, for cheapness, as the only requisite.

"In the general construction of these buildings, the prevailing tendency, during recent years, has been to raise the standard of excellence, both of accommodation and workmanship; and consequently the proportion of patients, of the more intelligent and prosperous classes increases annually in such institutions. This is a natural and gratifying result of a recognition of the claims of the *whole* people of any community, upon the consideration of municipal or state authorities. Suitable provision for those of the insane, who have, when in health, been accustomed to the comforts of a medium-class American home, is necessarily very costly, and there is very little probability that private benevolence will supply the means to create or endow institutions suited to their wants."

"For these and other reasons, I deem the objections recently raised by persons of prominence in public positions, toward the more advanced views, respecting state and city provision for the insane, as no less erroneous in principle, than unjust to the unfortunate wards of the public."

NEW YORK. *Fourth Annual Report of the Homeopathic Asylum: 1874.* Dr. HENRY R. STILES.

There have been 89 patients received into the Asylum since its opening, April 20, 1874. Of these there have been discharged recovered, 9. Improved, 3. Died, 4. Total, 16. Remaining under treatment, 53.

As this is the first State or public Homeopathic Asylum ever established in this country, its results

will be looked for with interest. Of the patients received, twenty-four have been at public expense, while forty-five have been supported at their own charge. The most of these have been acute cases, the chronic having been admitted to a limited extent only. Of treatment, Dr. Stiles makes the following comments:

"Our medical treatment has been purely according to the homœopathic law of "*similia similibus curantur*," and entirely without resort to any of the forms of anodyne, sedative, or palliative treatment so generally in use (even among physicians of our own school) in cases of mental disturbance. Not a grain of chloral, morphine, the bromides, etc., etc., has ever been allowed in our pharmacopœia, or given in our prescriptions; and we have never felt the need of them, even in our most violent cases of acute mania. A careful study of the mental and physical symptoms, together with a rigid adherence to the Hahnemannian principles of selection and administration of remedies, has enabled us to meet the requirements of each individual case with comfort and success."

"On the mooted question of dilutions, which divides our school of medicine, we have endeavored to preserve a strict impartiality, using both the highest and the lowest as circumstances seem to indicate, and with that regard to exactness of detail in prescription which shall secure for the aggregated results of our Asylum practice the value of a scientific experiment. Our *case book* shows a brief but complete daily record of the mental and physical symptoms; the medicine, dilution and form of administration; the restraint used and transfers made in each case from the date of its admission."

"Restraint has been employed in comparatively few cases—only by direction of the medical officers—and it has been found practicable, by means of tact and patience, to restrict its use, even in violent cases, almost to a minimum. In accomplishing this desirable result we have been largely aided by the intelligence, forbearance and good-temper of the attendants. In all cases, where it was practicable, a degree of liberty has been allowed, and paroles have very rarely been abused."

"On our dietary system we place much reliance. We believe it to be founded upon sound physiological principles, and, as such, it has met with the unqualified approbation of the State Commissioner of Lunacy."

There are but three wards at present completed in the Institution, which is, therefore, much crippled in its operations, by the absolute need of more extensive classification. This want will, no doubt, be met by the recent appropriation of the Legislature.

NEW YORK. *Report of the Marshall Infirmary*: 1874. Dr. Jos. D. LOMAX.

There were in the Hospital, at date of last report, 86 patients. Admitted since, 65. Total, 151. Discharged recovered, 4. Improved, 14. Unimproved, 26. Died, 7. Total, 51. Remaining under treatment, 100.

NEW YORK. *New York City Asylum for the Insane, Ward's Island*: 1874. Dr. A. E. MACDONALD.

There were in the Asylum, at date of last report, 559 patients. Admitted since, 456. Total, 1,015. Discharged, 216. Eloped, 2. Died, 124. Total, 342. Remaining under treatment, 673.

The number of patients now in the Asylum, exceeds that of last year by 100, showing a steady increase of insanity, and is a strong argument in favor of the immediate attention demanded to meet the increase of the future. The number of deaths is unprecedentedly large, and is, the Superintendent remarks, probably proportionally larger than in any asylum in the country.

"But it is not anything remarkable in view of the class of patients we receive, and of the condition in which they come to us, and, it must be confessed, that our proportion of deaths must be large, and our proportion of recoveries small, until, in some way, it can be arranged to increase the means at our disposal, for the care and cure of our patients. With the thermometer below the freezing point in our wards, because we have no coal, (as has been the case within the past month,) with some of our patients without shirts on their backs, or shoes on their feet, (as has been very commonly the case for the past three months,) and with the

supply of food insufficient, (as I believe it has been since the Institution opened,) we can not reasonably look for a different result."

The overcrowding from which the Asylum suffers, renders any systematic classification impossible. All varieties of insanity are mingled together, and the wards were often the scene of violence and confusion by day, and of sleep disturbing noise by night. The Doctor expresses his views regarding the proper care and treatment of patients.

He claims that for all, sleep, quietness, food, are the essential remedies, and that his efforts and those of his assistants, are given to secure these ends. Dr. Macdonald states that he found the medical records of the Asylum, so incomplete and so incorrect, as to be virtually valueless. They had been written by unpaid and irresponsible clerks, and even by patients, from the rough notes made by the assistant physicians, as they passed hastily through the wards. The result was too often a mass of misspelled and unintelligible jargon, where there were any entries at all. These records have been largely re-written and the present medical staff have taken upon themselves the task of keeping them in proper form, and of giving them the character of hospital records. The system of granting passes to patients in the Asylum, justly meets with condemnation. The strongest argument against it, and which is certainly the best one that can be offered, is that it is without the sanction of law. The other and sufficiently strong reasons, relate to the effect upon the patient and the danger to the community.

The practice of employing women from the work-house, to perform the household work upon the wards of the Asylum, has been discontinued, and the patients, under the supervision of the attendants, now perform these duties. The Doctor's testimony is that their be-

havior was at times, most revolting, and the influence of their presence was degrading to both patients and attendants. We do not care to enlarge upon the disastrous consequences of this association, of the most vicious and abandoned women of a large city, with the employés and inmates of an Asylum, largely filled from the same classes of society. It is a subject of congratulation that this has been put an end to, by the efforts of the Superintendent.

The Doctor sharply but justly criticises that spirit of parsimony and meanness, not economy, which looks to keeping those depending upon public charity at the lowest price per head. This spirit has extended so far, that in one institution the cost of food per day, is nine cents. True economy and proper humanity, seek to cure the patient, and not care for him at the lowest expense. The most powerful remedy is sufficient and proper nourishment. This has not been furnished, and the opinion is expressed, that there are to-day, patients in the Asylum who are incurable from this cause. The statement is made from a careful computation, that the City of New York, expends less on its insane, than any city on the continent. "I must say then that I consider that the patients here, receive less than they are entitled to from the community upon which they are a charge. Their food is insufficient in quantity, and of too limited variety. The wards are almost bare of furniture, and look cold and cheerless, and similar fault may be found with almost all the appointments of the Institution." The great reason for this sad condition of things, is thought to be the ignorance of the community upon the subject. The imposition which is practiced upon the City of New York, by forcing it to support the emigrant insane after a residence of five years in the country, is stated, and also the fact, that the insane

from other States, and from parts of our own State, are drifted in upon them, and find lodgment in the City Asylums.

The project of erecting a hospital for epileptics is favored, while the one on the Island for reclaiming inebriates, is pronounced a failure. The appointment of a special pathologist, who can utilize the opportunity presented in that institution for pathological research, is urged. The Doctor concludes his report with some remarks made before the New York Neurological Society, regarding the new lunacy law.

NEW YORK. *Fourth Annual Report of the Buffalo State Asylum for the Insane:* 1874.

The Legislature of 1874, appropriated \$150,000, toward completing that part of the asylum buildings already commenced, and put a superintendent of building in place of the Board of Managers. Under his charge the work has proceeded since August last. The appropriation has been expended. The wards A and B have been inclosed, put under roof, and the under-floors have been laid, and a portion of the work done, preparatory to plastering. The walls of the center building are nearly completed. This with some minor details, constitutes the progress of the year. The report of the building superintendent accompanies that of the Managers.

NEW JERSEY. *Annual Report of the New Jersey State Lunatic Asylum:* 1874. Dr. H. A. BUTTOLPH.

There were in the Asylum, at date of last report, 653 patients. Admitted since, 187. Total, 840. Discharged recovered, 52. Improved, 85. Unimproved, 14. Escaped, 1. Not insane, 1. Died, 32. Total, 185. Remaining under treatment, 655.

The report enumerates the most important improvements and repairs, that have been made during the year. These include a blower, additional to the fan, for ventilation, arrangements for withdrawing the foul air, by an exhaust force, created by the heat of steam surfaces, placed in campaniles on the top of the house; additional wash, bath and clothes room, improvements in the machine shop, increasing the facilities for labor, and in the way of ornamentation, the making of an artificial lake in the front lawn, of two acres, &c. Entertainments and amusements have been provided during the year, comprising the usual variety of concerts and lectures, illustrated by magic lantern views, &c. The Doctor adds a general summary of his views regarding the nature, causes, symptoms and treatment of insanity.

PENNSYLVANIA. *State Hospital for the Insane, Danville: 1874.*
Dr. S. S. SHULTZ.

There were in the Asylum, at date of last report, 126 patients. Admitted since, 152. Total, 318. Discharged recovered, 21. Improved, 20. Unimproved, 22. Died, 17. Total, 80. Remaining under treatment, 238.

The remarks accompanying the tables of the report, are largely devoted to enforcing the necessity and advantage of early treatment in all case of insanity, and to setting forth the demands of the Hospital, to complete it according to the original plan, and to meet the most imperative wants of the Institution.

PENNSYLVANIA. *Report of the Pennsylvania Hospital for the Insane: 1874.* Dr. THOMAS S. KIRKBRIDE.

There were in the Hospital, at date of last report, 416 patients. Admitted since, 248. Total, 664. Dis-

charged recovered, 107. Improved, 43. Unimproved, 32. Died, 43. Total, 248. Remaining under treatment, 416.

Regarding the "evening entertainments, occupation and amusements of the patients," the Doctor reiterates his belief in the importance of providing a variety of employments and amusements for patients in asylums, and advocates the propriety of furnishing some form of entertainment for each evening of the week, he says:

"It is no more difficult to make these evening entertainments a daily provision, allowing nothing to interfere with their regular performance, than it is to provide for the numberless other needs that come up at stated intervals in the daily routine of hospital life."

Is there not a danger, in thus providing for some daily gathering of the patients, that the very effort to entertain will come to be looked upon as a monotonous and routine duty, and be irksome and distasteful to a large portion of the inmates? We question whether a daily regularity of amusements offers the enjoyment and relish that would be derived from a frequent but not a stated presentation of them.

Of "Heating, Ventilation and Construction of Hospitals," we quote:

"In view of the lamentable failures in regard to the heating and ventilating of buildings that frequently occur, it is a very natural subject for inquiry, why such results should happen in one place, while in others there is found nothing to complain of. Every one acknowledges that the most expensive buildings, and the costliest fixtures and arrangements are not always the best, and yet it must be conceded that the failures in the matter to which reference has just been made, come, most frequently, from an unwillingness to expend money enough to secure a thoroughly efficient arrangement. What is here called economy is a false one; it is really extravagance, for it does not effect the object in view, and is sure to lead to new experiments and larger expenditures, if not to other

failures. In the matter of heat, the failure generally comes from abortive attempts to get more out of the fuel than is in it; and in that of ventilation, from a want of appreciation that all ventilation is loss of heat, and from an unwillingness to use enough of the heat obtained, to secure it efficiently.

“What is mainly necessary to secure success in heating and ventilation, is the recognition of a few well-established principles. Among these may be regarded as especially important, insisting on the use of steam or hot water as the agent for these purposes, of an abundance of radiating surface for both heat and ventilation, a bountiful supply of pure air, at a moderate temperature, direct flues, a willingness to use all the heat that is necessary for the most perfect ventilation, either directly or indirectly, and to feel that it is really economy to do this, no matter what may be the cost, a belief that all ventilation to be worthy of the name must be forced, and that a forced ventilation is just as necessary in summer as in winter, in one season as in another, and by night as much as by day.

“These discussions in regard to heating and ventilation, very naturally and properly, are connected with those in reference to construction. If this were always the case, there would not be seen, as has been witnessed even recently, large and costly structures with their cellar walls up, and the buildings fairly in progress, without the mode of heating and ventilation having been decided on. It is scarcely necessary to say, that not a spade should be put into the ground, before the plans for both heating and ventilation are thoroughly matured, and that many of the interior arrangements can hardly fail to be, to a greater or less extent, dependent on them. The cellar really is one of the most important parts of any building—and no building can with propriety be without a cellar—for in it are to be placed the most essential arrangements in regard to heating and ventilation. It is difficult to conceive of any efficient system of heating and ventilation that dispenses with a cellar or basement and an attic. In the former should be all the main air passages, the radiating fixtures, the commencement of the flues, and the power that regulates the movement of the air, and makes the whole plan effective; and in the latter, should be the arrangements for carrying off the impure air from the wards below. Where heating only is desired, it is a very simple matter, but it is generally just as unhealthy as it is simple. So any ventilation that is not forced, really can not be regarded as worthy of the name.”

‘At certain seasons it is well to get all the advantage we can from a natural ventilation, but it is a most unreliable agency. The openings for the ingress and egress of air, that are always seen in the walls or ceilings, when without a controlling power, are comparatively useless. Indeed they often seem to be simply a means of making careless observers labor under the delusion, that a proper ventilation is going on, while, in reality, the air is about as likely to be moving in the wrong as the right direction, or, what is often quite as annoying, to be going in neither direction. Medical men, above all others, have reason to estimate highly the efforts of nature, but in the matter of the ventilation of hospitals, the unassisted efforts of nature are lamentably inefficient. The fact that forced ventilation—especially by the use of fans—is adopted much more in hospitals for the insane, than in any other class of hospitals, or in other public buildings, has been recently recognized and dwelt upon, by an able writer in one of our oldest and best medical journals. This may fairly be accepted, as not a little complimentary to those controlling these institutions, and so thoroughly do sound principles in regard to heating and ventilation prevail among those interested in the care of the insane, that it is safe to say that no hospital of this kind is likely hereafter to be erected, without ample provision being made for its forced ventilation.”

The ideas which have been supported in certain quarters, that, drawing conclusions from the experience during the war, cheap and temporary structures are best adapted, for hospital use, are successfully met by the Doctor.

“It is quite safe for any one who enters upon this discussion, to begin by insisting upon what may safely be regarded as well-settled axioms—that no hospital too good, or too complete in its arrangements, for the care and treatment of the insane, has yet been provided; and that the best constructed, best arranged, and best managed hospital is always cheapest in the end. There are examples all over the country that prove conclusively, that a small expenditure in the erection of a hospital is no evidence of its having been provided economically. From the first day of their occupation the expenditures for repairs, alterations, and improvements on such buildings, often begin, and, once started, they seem to be never ending; while at the close of a dozen years, the

amount thus expended, added to the original outlay, will make them take rank with the most expensive hospitals."

"While saying this, most emphatically, I would not less earnestly protest against all extravagance, all useless ornamentation, and everything that is not likely to be of use to the patients. Whatever will be of any real value to the patients, the hospital should possess, almost without regard to cost. This is a wise and liberal economy, while leaving a hospital without anything that is known to be useful to the patients may be extravagance, although much less money is expended than for the complete institution."

"It may fairly be doubted whether it is the best mode of proceedings, when about to build a hospital, to say exactly how much it shall cost, for this can scarcely be done even when the most particular contracts are made, and may result in bad work and imperfect arrangements, in order to come within the prescribed limit. It is more likely to secure the object in view, to insist on the plan on which it shall be built, and what fixtures and arrangements it shall have, and then to see that everything is done in the best manner, but, at the same time, with the strictest economy."

"So in regard to the support of hospitals for the insane, it will be a sad day for these institutions, and still sadder for the patients in them, when the rivalry of hospitals and their officers shall be, rather to discover for how little their inmates can be kept, than to secure what is best, and most thoroughly promotes the great objects for which they were established."

The report concludes with a condensed history of hospital provision in the State of Pennsylvania, in which it is shown that when the institutions already projected are completed, accommodation will be furnished for 2,150 patients: and with a record of the legislative action in regard to the insane during the last year.

PENNSYLVANIA. *Annual Report of the Western Pennsylvania Hospital, Insane Department*: 1874. Dr. JOSEPH A. REED.

There were in the Hospital, at date of last report, 450 patients. Admitted since, 274. Total, 724. Discharged recovered, 76. Improved, 57. Unimproved, 28. Died, 51. Total, 212. Remaining under treatment, 512.

PENNSYLVANIA. *Fifty-eighth Annual Report of the Asylum for the Relief of Persons Deprived of the use of their Reason:* 1874. Dr. J. H. WORTHINGTON.

There were in the Asylum, at date of last report, 81 patients. Admitted since, 44. Total, 125. Discharged recovered, 14. Improved, 7. Unimproved, 9. Died, 11. Total, 41. Remaining under treatment, 84.

This is a larger number of patients than has ever before been treated in the Asylum, during any one year, and it is a subject of congratulation, that its sphere of usefulness has been enlarged by the recent improvements and additions.

MARYLAND. *Thirty-second Annual Report of the Mount Hope Retreat and Mount Hope Institution:* 1874. Dr. WILLIAM H. STOKES.

There were in the two Institutions, 578 patients during the year. Of this number, 376 were insane. There were at the date of last report, 252 patients. Admitted since, 124. Total, 376. Discharged recovered, 47. Improved, 41. Unimproved, 3. Died, 23. Total, 114. Remaining under treatment, 262.

Two hundred and two patients were admitted to the Inebriate Asylum, of which one hundred and ninety-four have been discharged. One hundred and sixty-seven improved, and twenty-six cases of *mania à potu* cured, and one died.

WASHINGTON, D. C. *Nineteenth Annual Report of the Government Hospital for the Insane:* 1874. Dr. CHAS. H. NICHOLS.

There were in the Hospital, at date of last report, 620 patients. Admitted since, 229. Total, 849. Discharged recovered, 80. Improved, 28. Unimproved, 9. Died, 50. Total, 167. Remaining under treatment, 682.

VIRGINIA. *Report of the Eastern Lunatic Asylum of Virginia :*
1874. Dr. D. R. BROWER.

There were in the Asylum, at date of last report, 268 patients. Admitted since, 76. Total, 344. Discharged recovered, 18. Improved, 4. Unimproved, 1. Eloped, 1. Died, 26. Total, 50. Remaining under treatment, 294.

The Board of Trustees enumerate the many improvements which have been recently made in the Institution, and which have placed the Asylum in a position to compare favorably with others, in all things which tend to the proper care and treatment of the insane.

The changes have been made in the direction pointed out by the former Superintendent, Dr. Peticolas, and have accomplished the result foretold by him. The increase in pay patronage has been tenfold under the administration of Dr. Brower. They recommend to the Legislature a careful consideration of the needs of the Institution in the way of appropriations.

VIRGINIA. *Report of the Western Lunatic Asylum :* 1874.

There were in the Asylum, at date of last report, 334 patients. Admitted since, 70. Total, 404. Discharged recovered, 30. Improved, 4. Unimproved, 1. Died, 9. Total, 44. Remaining under treatment, 360.

The report of the Managers consists largely of a somewhat extended notice of Dr. Francis T. Stribling, the former Superintendent, whose death in July last, has already been noticed. It also records the appointment of Dr. Robert F. Baldwin, to fill the vacancy. The statistical matter of the report was made by Drs. Hamilton and Fisher, assistant physicians in charge of the Institution, *ad interim*.

VIRGINIA. *Report of the Central Lunatic Asylum:* 1874. Dr. RANDOLPH BARKSDALE.

There were in the Asylum, at date of last report, 194 patients. Admitted since, 48. Total, 242. Discharged recovered, 21. Improved, 1, Not insane, 2. Died, 11. Total, 35. Remaining under treatment, 207.

WEST VIRGINIA. *Annual Report of the West Virginia Hospital for the Insane:* 1874. Dr. S. B. CAMDEN.

There were in the Hospital, at date of last report, 283 patients. Admitted since, 90. Total, 373. Discharged recovered, 8. Improved, 4. Unimproved, 2. Eloped, 1. Died, 10. Total, 25. Remaining under treatment, 348.

During the year, sections of the building have been completed and filled with patients taken from the jails of the State. At the date of the report, September 1874, Dr. Camden says that for the first time in the history of the Hospital, all the insane citizens of the State are cared for, except her colored insane. About six of this class are known to be in jails.* The delay in making this provision for the insane has been such, that most of the patients admitted are of the chronic class, and while all are thus accommodated, the wards are full, and there is no room for the treatment of the recent cases. These must in turn wait for vacancies by death, or by discharge of the present occupants of the Asylum.

“Now just as we can see light ahead and can report the jails clear, we have also to report that the Hospital is crowded to its utmost capacity for females, and soon will be for males, and as new applications come in, the same old reply will have to be given. ‘No room.’”

SOUTH CAROLINA. *Report of the Lunatic Asylum: 1874.* Dr. J. F. ENSOR.

There were in the Asylum, at date of last report, 309 patients. Admitted since, 119. Total, 428. Discharged recovered, 36. Improved, 20. Unimproved, 17. Died, 44, Total, 117. Remaining under treatment, 311.

The finances of this Institution still absorb, necessarily, much of the attention of the Superintendent. During the past year the indebtedness of the Asylum, including arrearages has amounted to \$162,949. To meet this an income of \$106,653, has been realized, leaving a balance unprovided for of \$56,295. This sum is due in part to the employes, many of whom are two years, and all are one year in arrear in wages. An urgent appeal is made to the Legislature, to make an appropriation which can be made available in cash. The new political condition encourages the hope, "that the claims of the institution will receive that attention which the honor of the State, and the rights of humanity alike demand." Two causes are said to be in operation to deprive the insane of the benefits of early treatment, one the insufficiency of hospital accommodations, and secondly the old time prejudices against asylums that still cling to many people, especially the uninformed. A sharp contrast is drawn between the treatment of the insane in bygone years, and in the modern Hospital. This description is in itself sufficient to disarm fear and suspicion and to cause asylums to be looked upon with favor, and their advantages to be appreciated by the friends of the unfortunates.

"The mysteries that once enveloped the nature and the causes of insanity, are fast disappearing before the light of science. The

spell of superstition that for long years made the victim of insanity an object of cruel curiosity has been broken. The vague and empty theories that regarded insanity as a sickness of the impalpable soul of man, peopling his spiritual part with witches, hobgoblins and intangible devils, to do with him according to the pleasure of their idle or vicious vagaries, has given way to the more rational and more logical doctrine that insanity is a disease, not of the *spirit* but of the *body*—not primarily of the intangible, immaterial something we call the mind, but of the material brain, the home and residence of the mind: that, indeed, if I may so express myself, insanity *per se* is not a disease at all, but only the symptoms of a diseased brain, just as dropsy is a symptom of disease in some of the organs, the diseased state of which is known to produce dropsy; just as jaundice indicates derangement or disease of the liver, or *albuminuria* disease of the kidneys. I hold that there is no insanity without a pathological condition of the brain substance, either primarily or secondarily, differing from that of a purely sound or perfectly normal brain; and I hold that the treatment of diseases of the brain belongs to the medical profession, whilst the sick spirit should be left to the clergy.”

“From this view of the subject, what is our first duty upon the manifestation of insanity in our fellow-man? What does justice dictate? What does humanity demand? What is your first thought when your wife is stricken down with pneumonia, or gastritis, or rheumatism, or fever, or any other of the multitude of diseases, recognised as physical, that human flesh is heir to? Why, to place her immediately under the care and treatment of a physician. And you watch by her bedside with much tenderness and great solicitude and anxiety. Is there any good reason why the insane should be treated differently? Can it be made to appear that they are less entitled to prompt attention, or that there is less cause for prompt treatment, less grounds for sympathy and solicitude, or that they have no claims upon our humanity? No man in this civilized age is so base as to answer this proposition in the affirmative.”

ALABAMA. *Fourteenth Annual Report of the Alabama Insane Hospital*: 1874. Dr. P. BRYCE.

There were in the Hospital, at date of last report, 330 patients. Admitted since, 105. Total, 435. Dis-

charged recovered, 44. Improved, 14. Unimproved, 4. Died, 27. Total, 90. Remaining under treatment, 345.

MISSISSIPPI. *Annual Report of the Mississippi State Lunatic Asylum*: 1874. Dr. W. M. COMPTON.

There were in the Asylum, at date of last report, 304 patients. Admitted since, 86. Total, 390. Discharged recovered, 36. Improved, 5. Unimproved, 4. Died, 23. Total, 78. Remaining under treatment, 322.

Dr. Compton's report is mostly occupied with arguments for increased accommodations. These are drawn from the statistics of recoveries among the admissions of recent cases during the year: and from the urgent appeals from friends for the admission of their insane relatives. These are sad to contemplate, and furnish an argument which appeals to every heart. We can but consider it a defect in the law of the State, which compels admission of the applicants in turn, and we believe with the Doctor, that much greater good would be accomplished by the institution, if some choice could be exercised in favor of the recent, and therefore probably curable cases. A proposition is made for an extension to accommodate seventy-five female patients, and for the removal of some of the quiet and harmless class to their homes or to the County Houses. Owing to the financial condition of the State the project of a new Asylum is not pressed at the present time, though its necessity is asserted.

KENTUCKY. *Report of the Central Kentucky Lunatic Asylum*: 1874. Dr. C. C. FORBES.

There were in the Asylum, at date of last report, 141 white patients. Admitted since, 105. Total, 246. Discharged, 25. Died, 36. Eloped, 3. Total, 64. Remaining under treatment, 182. Whole number of colored insane, received since April, 1874, is 51. Dis-

charged, 7. Died, 4. Total, 11. Remaining under treatment, 46. Total, white and colored remaining, 228.

This Institution was organized [as the Fourth Kentucky Lunatic Asylum, and was opened for the reception of the chronic insane only. By act of Legislature, the name was changed to the Central Kentucky Lunatic Asylum; "the injudicious discrimination," was removed, and the wards were opened to all classes of the insane. By the same body it was resolved:

"That the Governor is directed to see to it that each of the Asylums provided by law for the reception and treatment of the insane are kept full to their utmost capacity, so long as there are any lunatics in the State unprovided for. And he is authorized to procure a building or buildings, if he can do so, for the temporary care and treatment of any excess of such unfortunates, and have them removed thereto, and kept and treated and provided for until they can be received in the Asylums. * * * But the colored and white lunatics shall not be kept in the same building."

An appropriation of \$100,000 was also made to enlarge the capacity of the Asylum, one-third of the amount to be used for providing accommodations for the colored lunatics.

The enlargement to the building was made, and will be ready for occupancy within a few weeks. In April last, wooden structures were erected and furnished, to provide for fifty colored insane. This with the provision made at the Lexington Asylum, is sufficient for all of this class in the State.

Acting under the resolution, the Governor caused to be erected another wooden structure for the temporary care of the portion of the white insane, in excess of the capacity of the main asylum building. Sixty of the harmless and quiet class now occupy it. The favorable condition of provision for the insane in Kentucky is such as the State may justly be proud of. It is best

described by Dr. Forbes, in the following extract from his report.

“With all these buildings, some of them already occupied, and the rest about completed, this institution will present an aggregate capacity for three hundred and fifty patients. From the best indications in view, this will be amply sufficient for the present; and at length the philanthropic heart, pained so long with a sickening delay, will be cheered and warmed with the consoling assurance that as comfortable apartments and as adequate Asylum accommodations will be in readiness (to use the language of an accomplished Superintendent of one of our institutions on a former occasion), ‘for all classes of the insane, of all colors and of all grades, chronic as well as acute, idiots, and epileptics, as is possessed by any State in the country, placing Kentucky in the front rank for her benevolence—her spirit of all-embracing charity. The doors of her hospitals thrown wide, none need appeal in vain for shelter or unceasing kindly care.’”

KENTUCKY. *Report of the Second Kentucky Lunatic Asylum:*
1874. Dr. JAMES RODMAN.

There were in the Asylum, at date of last report, 282 patients. Admitted since, 89. Total, 371. Discharged recovered, 25. Improved, 5. Unimproved, 2. Transferred, 2. Eloped, 1. Died, 12. Total, 47. Remaining under treatment, 324.

Dr. Rodman reports the Institution as being in a flourishing condition, financially, and in better repair than it has been since the date of its erection. More patients have been received than in former years, and the demands for admission are more pressing, from a better appreciation on the part of the people, of the advantages of treatment to the insane.

TENNESSEE. *Biennial Report of the Tennessee Hospital for the Insane:* 1875. Dr. JOHN H. CALLENDER.

There were in the Asylum, at date of last report, 1873, 372 patients. Admitted since, 189. Total, 561.

Discharged recovered, 73. Improved, 58. Unimproved, 7. Escaped, 2. Died, 47. Total, 187. Remaining under treatment, 374.

The great demand is for additional accommodations for patients. It is computed that there are at least 1,200 insane in the State, of whom only one-third are provided for in the Institution.

ILLINOIS. *Fourteenth Biennial Report of the Illinois State Hospital for the Insane: 1874.* Dr. H. F. CARRIEL.

There were in the Hospital, at date of last report, 459 patients. Admitted during biennial period, 473. Total, 932. Discharged recovered, 155. Improved, 219. Unimproved, 22. Eloped, 3. Died, 59. Total, 458. Remaining under treatment, 474.

Extensive repairs and improvements have been made which are fully described in the report. The chapel has been finished and provided with an organ, a carpenter shop and ice house have been erected. The whole outside of the main building has been repainted, a new sewer has been laid, of 1,750 feet in length, with a connection with the smoke stack, for downward ventilations for water closets. A large quantity of fencing around the main building and the court yards, for the disturbed class of patients has been put up. Another boiler has been set at the pump house, and a brick building for storing coal erected. Seven wards have been thoroughly repaired. The old dining rooms have been divided, and in the partition walls, flues for heating and ventilation, and dumb waiters have been placed. A new kitchen has been provided, and fitted up with the most improved furniture and apparatus. A tramway in an underground passage, four hundred feet in length, with cars for the transportation of food has been made. The Institution depends for its water sup-

ply, upon a small creek which contains many impurities. To clean the water and render it fit for all the uses of the Hospital, a large filter has been constructed. This is fully described and is worthy the attention of those institutions similarly situated. It is said to be highly efficient and to accomplish fully the object for which it was made. All of these alterations and additions have been made at a comparatively small cost, which speaks highly of the economical administration of affairs.

The remarks on insanity and its treatment, are well calculated to instruct those interested in placing their friends in charge of the institution, and to convey to the general practitioner correct ideas of the treatment to be pursued in such cases as he may meet with in the course of practice.

ILLINOIS. *Third Biennial Report of the Northern Illinois Hospital and Asylum for the Insane*: 1874. DR. E. A. KILBOURNE.

There were in the Hospital, at date of last report, 1873, 183 patients. Admitted since, 283. Total, 466. Discharged recovered, 72. Improved, 74. Unimproved, 65. Died, 37. Not insane, 4. Total, 252. Remaining under treatment, 214.

From the report of the Board of Trustees, we make the following extract regarding the merits of the cottage and congregate system of building.

In our first biennial report of December, 1871, the opinion was expressed that the somewhat popular theory of the "cottage system" would be finally adopted here, with the congregate or asylum plan, but after becoming more familiar with the insane, and their care, with their great and fast increasing numbers, and the necessity for the utmost economy consistent with an enlightened humanity, we are convinced that it would not be economical for the State, nor beneficial to but few, if any, of the insane. The buildings must be small and scattered, but must be warm and substantial, and will cost much more per patient than the present plan; there should be at least two attendants, night and day, to

be safe, and this number could as well care for double the number of patients in the asylum, that would be placed in a cottage

The sewerage, water and heating, would each cost much more for each patient, especially sewerage and water, which must be perfect and plenty to insure health and comfort. Heating must be by steam, and very expensive for small scattered buildings; if not by steam, then unsafe—and as these cottages are supposed to be away from the asylum, and its influences, the cooking must be done in each, to be warm and desirable. The baking and washing are more readily done in the main asylum without inconvenience.

The medical officers must go some distance to each from the asylum, or employ such attendance for each of them, medicines and library, and many other conveniences and necessities, which will readily come to the attention of the investigator, go to show that there is no economy, if any comfort and safety or benefit, to be derived from the cottage over the congregate system.

In a very mild climate, with a class of patients suited for such care—say one in seven of the insane—where a cheap class of building would protect them from the weather, and all could go for meals to some central point, and other necessities, at all seasons, and but little heat is required, it might be different, and desirable for the few, but under no circumstances for the many.

The south wing of the Asylum is now completed, and room is thus provided for 460 patients. The chapel which from the report is a neat and appropriate structure, has a seating capacity for 300 persons. A general description is given of the building and the opinion is expressed that it combines the advantages demanded in a first class Hospital. There are many improvements still to be made, and many requirements specified to complete the Institution as proposed.

ILLINOIS. *First Biennial Report of the Southern Illinois Hospital for the Insane*: 1874. Dr. A. T. BARNES.

This Institution was opened by proclamation of the Governor, in December, 1873. There have been admitted 158 patients. Discharged recovered, 10. Improved, 7. Died, 8. Total, 25. Remaining under treatment, 133.

The report is mostly occupied in detailing the imperfections of the plan and construction of the building.

During the winter we suffered somewhat from defective ventilation, the air at times being extremely offensive. The water closets, opening as they do, directly into the patient's halls, have been another source of foul air, and must, until changed, endanger the safety of those exposed to its influence. The only way in which this latter defect can be properly remedied, will be by the erection of brick towers contiguous to the main wall of the wings, and thus in a measure isolate the closets, insure a thorough and independent ventilation of them, and do away with the present rush of poisonous effluvium into the halls during the ingress and egress of patients.

Defective workmanship and poor material in the plumbing of the north wing, have caused much inconvenience and constant repair. I would strongly urge the necessity for the least possible delay in the removal of the whole system, and its replacement with better stock and better work. This can only be done at considerable cost, but will, by doing away with continued labor of a plumber, prove a measure of economy.

Operations in the laundry have been retarded through the utility of the washing machines. The whole interior of these machines having been constructed of iron, unprotected by any coating, they are in a constant state of corrosion, and spoil all clothing coming in contact with them.

Our water supply during the winter proved all that we could expect, both as to quantity and quality. It at time becomes turbid from the wash of soil into the pond during heavy rains. Early in the summer we found it necessary to discontinue the use of the pond water for culinary and drinking purposes, in consequence of the growth of an aquatic plant about the mouth of the supply pipe leading from the reservoir. The vegetation, though microscopic in its character, was yet so abundant as to clog the pipes, and when decomposed became very offensive. I look upon this growth as being consequent upon the recent formation of the pond, and believe we will not be so troubled another season. The capacity for storage of water I think sufficient for all that may be needed from year to year, and we have every reason to hope from present indications that the quality will prove unexceptionable.

In conclusion, I feel the necessity for calling your attention to the many defects in plan and construction of north wing. The halls for patients are much too long and gloomy. The lack of

proper recreation, or day rooms therein, the clumsy and inefficient window guards, and the location and arrangement of the dining rooms, are all points which I hope may meet with your consideration, and be avoided in the erection of the south wing.

Our most urgent needs are a better roadway between the hospital and the town of Anna; an extension of the sewers to more effectually remove offensiveness, and to secure the sewerage for fertilization; a building for the storage of ice; a proper barn, and the construction of water filters at the supply well.

OHIO. *Twentieth Annual Report of the Northern Ohio Hospital for the Insane*: 1874. DR. LEWIS SLUSSER.

There were in the Hospital, at date of last report, 250 patients. Admitted since, 277. Total, 527. Discharged recovered, 78. Improved, 74. Unimproved, 51. Died, 33. Total, 236. Remaining under treatment, 291.

OHIO. *Fifteenth Annual Report of the Longview Asylum*: 1874. DR. W. H. BUNKER.

There were in the Asylum, at date of last report, 565 patients. Admitted since, 220. Total, 785. Discharged recovered, 58. Improved, 59. Unimproved, 46. Eloped, 2. Not insane, 7. Died, 38. Total, 210. Remaining under treatment, 575.

The most noticeable feature in the report, is the excessive overcrowding to which the Asylum is subject; originally intended for 350 patients, it already contains 575, and it is computed that for the next year the surplus will amount to 300, which is nearly double the proper number which should be accommodated.

The complaint, though quite generally made of lack of room, is seldom founded upon such data as are here presented. The institution must be sadly crippled, and its curative advantages reduced to the minimum by such an excessive number of patients. Relief should be speedily furnished by the erection of such additions as are suggested and asked for in the report.

OHIO. *Twentieth Annual Report of the Western Ohio Hospital:*
1874. Dr. JOHN H. CLARK.

There were in the Asylum, at date of last report, 560 patients. Admitted since, 400. Total, 960. Discharged recovered, 139. Improved, 15. Unimproved, 8. Transferred, 228. Died, 44. Total, 434. Remaining under treatment, 526.

MICHIGAN. *Report of the Commissioners appointed to select a location and site for the Eastern Asylum for the Insane of the State of Michigan, September, 1874.*

In a previous number of the JOURNAL, we quoted from a Detroit paper, an item, giving an account of the effort made to secure, by contribution from that city, an appropriate location for the Asylum. This did not succeed, as the citizens' committee reported that it was impossible to meet the requirements of the propositions made by the Commissioners on location, and it was at once decided to locate the Asylum at Pontiac, upon a site known as the Woodward farm. We quote from the report a general description of the location, and the action of the citizens of Pontiac.

"The location of the asylum at Pontiac fully meets the requirements of the act. Though not a railway center, the city is very accessible; and, without change of cars, from those points in the eastern district whence the larger proportion of patients is likely to be presented. Its prospective railway connections are probably quite as good as those of other available points. At Holly, the advantage of a railway running directly south would have been secured; but aside from other objections, the Board did not deem it judicious to locate the asylum in such close proximity to that at Flint, for the reason that it has been the policy of the State to distribute its Institutions."

"The tract of land selected is entirely within the corporation limits of the city, and is a very valuable property. With the farm, the city lots and a portion deemed necessary for pasturage, it comprises 307 18-100 acres. The entire cost, including expenses attending the purchase, was \$30,265.57; the average cost per acre

being \$98,52.7. The citizens of Pontiac donate two hundred acres, and the remainder was purchased by the State at the averaged price stated above. A fine stream flowing from springs passes through the grounds. As, however, the water of such streams is apt to contain during certain seasons of the year too much vegetable matter to be entirely acceptable for domestic uses, the citizens have agreed to furnish water directly from springs to be selected by the Commissioners. In this, as in everything connected with the location of the asylum, the citizens of Pontiac have shown great liberality. As already stated they have donated two hundred acres of land in an attractive portion of the city and have largely increased its value to the State by the discontinuance of a leading highway. They also guarantee to the asylum a supply of spring-water, and the removal of all its sewage and drainage."

WISCONSIN. *Fifteenth Annual Report of the Wisconsin State Hospital for the Insane: 1874.* Dr. MARK RANNEY.

There were in the Hospital, at date of last report, 314 patients. Admitted since, 143. Total, 457. Discharged recovered, 31. Improved, 32. Unimproved, 23. Died, 24. Total, 110. Remaining under treatment, 347.

After giving the details of some cases of accidents which have occurred during the year, and which present points of psychological interest, Dr. Ranney gives his views of the causation of insanity, especially as regards inherited tendencies. These he considers the most potent factors in the production of insanity. He expresses in his own language, and from his own experience, the views presented by Morel and Maudsley, to whom he refers. We quote his remarks regarding certain cases of insanity which he has observed, and which will be recognized by all engaged in the specialty.

"In each of these institutions for the insane, with which I have been connected—more frequently during the past ten years than before—there have been admitted, occasionally, young persons of both sexes, between the ages of fifteen and twenty-five, who seemed to become insane without any adequate external cause, or for whose disorder no adequate cause was assigned. Their condi-

tion has usually been attended with few or no demonstrative symptoms; or, if maniacal at first, after a period of excitement, they settled into a state of quiet, passive hebetude to which all seemed to tend, as if the brain had lost its power of reaction, or the recuperative power and elasticity necessary to the performance of its normal functions. Recovery does not take place in these persons as we should expect, taking into view only the superficial aspect of their symptoms. Save in some of the cases the presence of self-abuse, which does not always seem primary, or in more than a few, to have given any specific character to their disorder, there is not at the outset any group of symptoms that ought to preclude the expectation of recovery. The vigor of youth and its power to resist the inroads and encroachments of disease, is in their favor; they have led lives without exciting incidents, and have, perhaps, been singularly moral, correct and free from the contaminations of vice, have neither known the pinchings of poverty or the luxuries of wealth, nor been subjected to special hardships or exposure, and yet have become insane, and do not get well; or, at best, they only partially recover. Upon penetrating the domestic veil in some of these cases, there has been found ancestral neuroses or ancestral intemperance of a kind and degree that would account for their condition better than all other attending circumstances; appearing to show that, in consequence of their inheritance, the quality of brain they possessed was unequal to the maintenance of mental integrity beyond an early period of life. The hereditary character of these cases can not be overlooked, I think, by the careful inquirer, nor the potency of intemperance in some form in their production."

We dissent, however, from the explanation here offered, that, "in consequence of their inheritance, the the quality of brain they possessed was unequal to the maintenance of mental integrity beyond an early period of life," believing that in all cases of insanity, there is some cause more tangible than the quality of brain, and that this cause is an actual disease of the brain, the tendency to the development of which, under favoring conditions, and not the disease itself is inherited. The report concludes with stating the wants of the institution for the ensuing year.

WISCONSIN. *Second Annual Report of the Northern Hospital for the Insane: 1874.* Dr. WALTER KEMPSTER.

There were in the Hospital, at date of last report, 205 patients. Admitted since, 101. Total, 306. Discharged recovered, 15. Improved, 14. Unimproved, 5. Not insane, 1. Died, 21. Total, 56. Remaining under treatment, 250.

In Dr. Kempster's report, the subject of hospital provision for the large number of insane still unprovided for, is treated at considerable length. He has taken the position that no invidious distinction should be made on account of the duration of the disease, that care and treatment in a hospital is the right of all, and that it is the duty of the State to provide for all alike. This is based upon the grounds of humanity and of true economy. From the liability of every individual to become insane or to suffer from this misfortune in the person of some member of his family, all are alike interested in furnishing suitable hospital accommodations for such as may demand them. It is a strong argument directed to each taxpayer in the State. The advantage of pathological investigations in cases of brain disease, and the importance of the subject, in the estimation of the profession, are the reasons advanced for an appropriation to continue the work. The statistical tables are analyzed, and serve as a text for some judicious remarks concerning education and self-culture, and their influence in the prevention of insanity. The south wing of the Hospital is now approaching completion: this will double the capacity of the Institution. During the year, much work has been done upon the farm; the grounds have been improved, various out-buildings erected, and much work, rendered necessary by the newness of the Hospital, has been accomplished. Dr. Kempster has made a very full report of work done,

giving the details of interest, regarding the water supply, heating, building, repairs, the further needs of the Hospital, and such points as will enlighten the people, and increase their interest in the Institution.

MISSOURI. *Biennial Report of the Missouri State Lunatic Asylum*: 1875. Dr. T. R. H. SMITH.

There were in the Asylum, at date of last report, 1873, 315 patients. Admitted since, 353. Total, 668. Discharged recovered, 134. Improved, 47. Transferred, 65. Died, 82. Not insane, 2. Total, 330. Remaining under treatment, 338.

The Doctor records his experience in the successful treatment of acute cases of insanity. The recoveries for the two years, just equal the number of cases admitted, in whom the insanity was not over three months, duration. He also reports improvements of the most vital character in the sewerage and drainage of the buildings. The description of the condition of the basement taxes the credulity of the readers. The greater portion of that under the north wing was covered with water, mud, and other deposits, that had been stagnant for years, and under the entire south wing, and center building, a little below the surface, there was a filthy mire from one to two feet in depth. The sewers frequently become closed from their inadequate size; the water closets were thus flooded, and the impurity of the air of the house from this source, and the imperfect ventilation became offensive to persons on entering the building. This state of things is now entirely remedied, and other important improvements are projected.

MINNESOTA. *Eighth Annual Report of the Minnesota Hospital for the Insane*: 1874. Dr. C. K. BARTLETT.

There were in the Hospital, at date of last report, 303 patients. Admitted since, 194. Total, 497. Dis-

charged recovered, 55. Improved, 32. Unimproved, 4. Not insane, 1. Died, 24. Total, 116. Remaining under treatment, 381.

In June last the center building was so far completed, that it was partly furnished and occupied, and the addition to the south wing has since been furnished, and all the female patients moved from the temporary building in town. Their old quarters were immediately occupied by men, thus relieving this department, partially, which has been for a long time overcrowded. When the addition to the north wing is completed, there will be apartments for nine distinct classes in each wing, and room for all seeking admission, it is hoped, for some time to come.

It is gratifying to know that the new State of Minnesota, has thus early in its history, made such ample provision for its insane, especially since it is in such marked contrast to the condition of affairs in most of the States of the Union.

KANSAS. *Tenth Annual Report of the Kansas Asylum for the Insane*: 1874. Dr. A. H. KNAPP.

There were in the Asylum, at date of last report, 121 patients. Admitted since, 51. Total, 172. Discharged recovered, 23. Improved, 13. Unimproved, 9. Not insane, 5. Eloped, 2. Died, 10. Total, 62. Remaining under treatment, 110.

Some of the most serious defects which were justly made a subject of complaint in the last report, have during the year been remedied. A new sewer has been laid, and the drainage is now said to be effectual for the removal of all offensive material, and for "immunity from all deleterious effluvia." The water supply is now sufficient for all the wants of the Institution, and is obtained by forcing water into the tanks by steam power, instead of hauling it in wagons. The overcrowding of the Institution is properly made a subject of remark by the Superintendent. The full capacity

of the building is for sixty-six patients, while from one hundred and ten to one hundred and twenty have occupied it during the year. It is estimated in the report that each patient is allowed about four hundred and fifty cubic feet of space, while eight hundred is the acknowledged minimum required, when forced ventilation is not employed. We quote the remarks upon improvements and repairs, as exhibiting the past and present condition of the wards of the Asylum.

Many improvements and repairs have been made in the wards, with the effect of materially abating some of the evils consequent upon their overcrowded condition, not the least of which is a marked change in the disposition and deportment of all the patients who were previously noisy, irritable and intractable. The almost entire abolition of restraints, with increased watchfulness and unvarying kindness, having been substituted for the free use of restraints, frequent and sometimes severe punishment, have contributed largely to bring about this very desirable change. One year ago there were no seats of any description in either of the excited wards. From five o'clock in the morning until eight in the evening the patients were compelled to stand or lie upon the floor of the hall or the table upon which their food is served. Each meal time in both of these wards presented scenes of indescribable confusion and disorder, resembling more the feeding of untamed animals than supplying the natural wants and necessities of human beings. Comfortable seats for all were at once placed in these wards. The patients are not allowed to approach the table at meal time until everything is ready, when each one being regularly seated, all partake of their meals with comparative quiet and apparent satisfaction. Arm-chairs, settees and rocking-chairs have been supplied in sufficient numbers. Earthen table ware, teaspoons, knives and forks have been substituted for tin-ware, and large iron-spoons, in the convalescent wards. Painting and white-washing of all the apartments are done sufficiently often to keep them at all times clean and in good condition. Early in the spring seventy-five mattresses were purchased and substituted for beds of straw and hay. In point of health, comfort and economy, the investment was a good one. Yet the physical and moral conditions of the patients are not what they should be; neither can they be, so long as we are so over-crowded and deprived of the most es-

essential feature in all hospitals for the insane, to wit, facilities for classification and the requisite space for every patient.

It is estimated that there are between five and six hundred insane patients in the State, who need asylum treatment, and for these the only accommodations furnished, are those of this Institution. The recommendation is to enlarge the present Asylum, to a capacity for three hundred patients. The proposition to establish an asylum for the chronic insane, meets with no favor. Dr. Knapp urges the repeal of the law, making a trial by jury necessary in deciding the question of insanity. It is an unnecessary expense, and may lead to great injustice, as well as injury to the insane. He advocates that the decision of the question of insanity be intrusted to two physicians, who shall certify upon their oath, after due examination, to the mental state of the alleged lunatic. There are other interesting matters touched upon in the report

NEBRASKA. *Report of the Nebraska Hospital for Insane: 1874.*
Dr. C. F. STEWART.

There were in the Hospital, at date of last report, 53 patients. Admitted since, 24. Total, 77. Discharged recovered, 12. Improved, 6. Eloped, 1. Died, 4. Total, 23.

The report concludes with the announcement to the Board of Trustees of the intended resignation of Dr. Stewart. This has already taken place, and Dr. F. G. Fuller, has assumed the duties of Superintendent.

ONTARIO. *Report of the Asylum for the Insane, Toronto: 1874.*
Dr. JOSEPH WORKMAN.

There were in the Asylum, at date of last report, 626 patients. Admitted since, 142. Total, 768. Discharged recovered, 62. Improved, 22. Unimproved, 4. Died, 40. Total, 128. Remaining under treatment, 640.

Dr. Workman comments upon the great increase of cases of paresis, thirteen deaths being accredited to it for the year; he also republishes from a former report the symptoms of the disease, with a view of attracting the attention of the profession more generally to it.

There were ten deaths from phthisis, five of which were of the *latent* and five of the *manifest* form. More than twenty-nine per cent. of all the deaths in the Asylum, for the past twenty-one years, are due to this cause. The cause of so intimate relationship between pulmonary phthisis and insanity in this Asylum can not be accounted for. The same general truth is established by the statistics of the Scottish Lunacy Commission.

The Doctor records the presence of small pox in the institution during the year; four cases in all occurred. They were treated in the small pox hospital of the city, and to their immediate and complete isolation is due the prevention of the spread of the disease.

ONTARIO. *Report of the London Asylum for Insane: 1874.* Dr. HENRY LANDOR.

There were in the Asylum, at date of last report, 520 patients. Admitted since, 132. Total, 652. Discharged recovered, 50. Improved, 5. Unimproved, 4. Died, 26. Eloped, 1. Total, 86. Remaining under treatment. 566.

Last year the ratio of deaths amounted to seven per cent. This was attributed to defective drainage and ventilation. The difficulty having been remedied, the per centage has been reduced to four and one-sixth. Dr. Landor expresses himself upon "the subject of treatment" as strongly in favor of stimulation, almost to the exclusion of drugs of any kind. "Sedatives are nearly abandoned, except in those rare cases of

sleeplessness that will not yield, either to a stimulant of some kind, or to some other mode of soothing." "We give wine, beer and spirits, where they give physic." In opposing the views of others who advocate the necessity of recumbency, and the use of sedatives in certain cases of acute mania, he remarks: "I have never seen one where forced recumbency was necessary; nor one where continued exhibition of sedatives was required to obtain sleep." He asserts "that after placing them in the most favorable condition we can, we let them alone. We do not give them medicinal sedatives, but instead, we give a stiff glass of hot toddy, or a good dose of Scotch ale or porter at night, and repeat if necessary."

That stimulants are valuable in certain cases and accomplish all the Doctor claims for them is well known to all physicians to the insane, but there are some pertinent questions which might interfere with such a dogmatic practice.

Is it certain that all cases of acute mania are placed in the most favorable position, if the patient is allowed unrestrained freedom of action, with the opportunity of being out of bed and moving restlessly about his room during the night, thus draining the brain of blood, and by further exhaustion, adding to the maniacal excitement; for there are cases constantly occurring where stimulants do not have the certain and constant effect of inducing "the sleep of the just."

Does not the physician deprive himself of some of the most powerful and efficient aids in practice by refusing to employ the resources of his art, and treating all in this routine way?

"No cases of acute mania are put under restraint. If they are determined to tear their clothes, a suit made in the ordinary way of strong material, fastening be-

hind, is put on, and nothing more." This may be well, but to our knowledge, some forms of clothing thus put on constitute as formidable a mode of restraint as wristlets or muff, and for the matter of looks, are far more repulsive.

As to the results, "they either recover, or as many acute cases do, they become chronic insane, but they very rarely die." It might be questioned, whether under medicinal treatment, adapted to the demands of each individual case, so many acute cases would become chronic, and whether more might not recover.

We can not agree with Dr. Landor in attributing the causation of *haematoma auris* to violence inflicted upon the insane, or in accepting its presence as an indication of the brutality of attendants. That it does not occur to so large an extent among the chronic insane as in acute cases, would seem to us to prove that it is more commonly an accompaniment of acute insanity. The character of the disease, and its significance have been fully established by observation and post mortem examinations. The arguments againts the position assumed, have been presented in former numbers of the JOURNAL, and in other writings.

The cottages, the erection of which was strongly urged by Dr. Landor in his report for 1871, have been built and occupied, and he says fulfill all the advantages claimed for them.

The repairs to the main building have been continued, and more are demanded. The water supply to the Asylum is limited, being only about 30,000 gallons daily, and the experiment of boring artesian wells is recommended.

NEW BRUNSWICK. *Report of the Provincial Lunatic Asylum, St. Johns, N. B. : 1874.* Dr. JOHN WADDELL.

There were in the Asylum, at date of last report, 243 patients. Admitted since, 99. Total, 342. Discharged recovered, 53. Improved, 18. Unimproved, 3. Died, 27. Total, 101. Remaining under treatment, 241.

Dr. Waddell gives a short history of the provision for the insane in the Province, from the opening of the temporary Asylum, in 1836, to the present time. He presents to the board his resignation to take effect October 31, 1875, after a service of twenty-six years in charge of the Institution.

NOVA SCOTIA. *Seventeenth Annual Report of the Hospital for the Insane : 1874.* JAMES R. DEWOLF, M. D.

There were in the Asylum, at date of last report, 268 patients. Admitted since, 67. Total, 335. Discharged recovered, 36. Improved, 6. Died, 14. Total, 56. Remaining under treatment, 279.

The report as demanded by the by-laws, gives the "condition, progress and requirements" of the Hospital, also a summary of the events of the year, and a statement of indebtedness to individual benefactors.

PRINCE EDWARDS ISLAND. *Report of the Lunatic Asylum : 1874.* Dr. EDWARD S. BLANCHARD.

There were in the Asylum, at date of last report, 58 patients. Admitted since, 21. Total, 79. Discharged recovered, 6. Improved, 5. Unimproved, 1. Died, 3. Total, 15. Remaining under treatment, 64.

In his report, the Doctor treats of the curability of the disease when placed under early treatment, and of the economy to the State in making proper hospital provision for the insane.

FOREIGN REPORTS.

Twenty-eighth Annual Report of the Lunatic Asylum for the Riding of Yorkshire: 1874. J. TREGELLES HINSTON, Esq.

Seventeenth Annual Report of the Cambridgeshire, Isle of Ely and Borough of Cambridge Asylum: 1874. GEORGE MAC-KENZIE BACON, M. D.

Thirty-fifth Annual Report of the Crichton Royal Institution, and Southern Counties Asylum: 1874. JAMES GILCHRIST, M. D.

Report of the County Lunatic Asylum, at Prestwich: 1874. H. ROOKE LEY.

Twenty-seventh Annual Report of the Somerset County Pauper Lunatic Asylum: 1874. C. W. CARTER MADDEN-MEDLICOTT, M. D.

Third Annual Report of the Hereford City and County Lunatic Asylum: 1874. T. A. CHAPMAN, M. D.

Ninth Annual Report of the City of London Lunatic Asylum: 1874. OCTAVIUS JEPSON, M. D.

Fourth Annual Report of the Cheshire County Asylum: 1874. P. MAURY DEAS, M. B., London.

Report of the Lunatic Asylum for the Counties of Bedford, Hertford and Huntingdon, called the "Three Counties Asylum": 1874. EDWARD SWAIN.

Annual Report of the Royal Edinburgh Asylum: 1874. T. S. CLOUSTON, M. D., F. R. C. P.

Tenth Annual Report of the Joint Counties Asylum: 1874. GEORGE J. HEARDEN.

Report of Hospitals for the Insane, in South Australia: 1874. ALEXANDER S. PATERSON.

REPORTS OF STATE BOARDS OF CHARITY, HEALTH,
TRANSACTIONS OF SOCIETIES, &c.

Fifth Annual Report of the Board of Commissioners of Public Charities of the State of Pennsylvania: 1875.

The Board makes special comment on the subjects of pauperism, vagrancy, prison economy, reformation of neglected, destitute and vicious children, and provision for the insane poor. Reports are made of the various charitable institutions of the State, and of the county penitentiaries, jails, almshouses and reformatories, hospitals, &c. There are many interesting and valuable statistical tables presented.

The Board recommend the establishment of a building, to serve as a bureau of general relief. This is founded upon the experience of Boston, which erected such a building, at an expense of \$300,000, the whole of which was saved in four years, by the advantages given for the intelligent distribution of public and private charities. The agents of the various instrumentalities for aiding the poor, have their offices in this building. Every application for aid is minutely examined, and a proper classification made, and responsibility established. The able bodied are handed over to the Industrial Aid Society; the sick are sent to Hospitals; the infirm to Homes; those who have no claim to aid, are turned away. This system insures a correct disposition of each individual case. The public are urged to refuse aid to the mere vagrant, to the street beggar, and to those whose idleness only, brings them to want, and to make their contribution direct to the organizations, whose representatives are able to distribute them intelligently, and thus do away with "that blind unquestioning charity, which has become a potent cause of pauperism, and moral debasement, instead of an agent of elevating philanthropy."

This suggestion of the Commissioners, is entirely practical, and will no doubt prove of great benefit in the larger cities, especially in Philadelphia, to which it is adapted, as here only in the State is there such an amount of funds contributed, and such variety of charitable organizations as could fairly demand and use such a building.

In regard to prison economy, the main principles of a plan, more fully presented in former reports, are again reproduced. It is called an ideal plan, and the acknowledgment is made, that it can not be carried out in its entirety, in the present condition of public sentiment. The method which has in a few instances been employed with success, is briefly, that the convict is not sentenced for any specific time, but until he has earned a certain number of marks proportionate to the crime. These are reckoned as money, and with this the convict pays for his clothing, food, &c., and out of the surplus may buy his release. The system which is considered practical, and worthy of adoption is, that productive labor should be made sure and constant in prison, as a positive reformatory measure, and that the criminal should be taught to regard it as a relief, and a reward for meritorious conduct, rather than a compulsory infliction; that the prisoner be taught some trade or handicraft, to qualify him for gaining, on his discharge, an honest livelihood; that he be given the elements of practical learning, with moral and religious instruction, in short, that the treatment of the convict should appeal to his higher, rather than his lower nature, and should develop his self respect. The proceeds of the convict labor, which in some of the states have been in excess of expenses, it is proposed, after reimbursing the State, to devote, first, to the support of the convict's family, and also to form a sum in reserve for use of the

convict after his discharge. These recommendations are judicious, and if carried out, would, we have no doubt, do much to ameliorate the condition and improve the *morale* of convicts.

Examination of the criminal classes shows the intimate connection between ignorance and crime. Education is the barrier to be erected in the way of criminality of life and action. To reform and make useful citizens of the neglected, destitute and vicious children, which abound in our cities and towns, the Board urge the plan of educating them in industrial schools. There is in the present common school system, no place for the child without friends or home, without the means of supplying its wants in the way of clothing, or even food. The aim of the law is to be invoked, the State is called upon to support them, to send them to schools adapted to their condition, instead of supporting them through life in the various penal institutions. The plan of reformatories, it is claimed, can be so enlarged as to receive children of this class before they have, by their wicked and lawless conduct subjected themselves to punishment. Reference is made in support of this theory to the industrial schools of England and Scotland, in which countries more than one hundred have been established, and have already proved their adaptation by largely decreasing crime in the juvenile classes. The example of New York is also quoted; thirty-six of these schools are maintained by one society, and the attendance upon all of them has reached the large number of 13,606. The proofs adduced of their usefulness are certainly the best arguments for their establishment. There are two reformatories at present in the State, containing 898 inmates.

The Board has devoted considerable time and space to the consideration of the question of the proper

care and treatment of the "insane poor." The magnitude of this subject, both in the numbers, and in the humanitarian interests involved, may be gleaned from the statistics inserted. The whole number of insane in the State is computed at about 4,318. Upon the basis of one new case of insanity, occurring annually in every 3,986 of the population, the number is increased by 936. Of these, 465 are restored to health, and 325 die, leaving an annual increase of 146, which will demand continued care. The advantages of hospital treatment, in recent cases, both as regards the probability of recovery, and in an economic point of view are fully set forth. It is calculated that under early hospital treatment, the aggregate of \$9,676,866 would have been saved, "which has to a large extent, (we may safely say one-half,) been lost to the State for want of ample hospital accommodations, where the insane could have received adequate and skillful treatment." The Board is now prepared, after full deliberation to present a scheme for adoption by the State, for the care of the large number of the chronic insane. In brief, "it consists in the establishment, on the grounds of each of the State Hospitals for the insane, of detached buildings, near enough to the main institution for convenience, for the accommodation of, say two hundred of each sex of the chronic, and for the most part quiet patients, whose number is always largely in excess in all of our hospitals."

Then follows a description of these structures, their cheapness, "pro capita," of "living accommodations," also of board and care.

The Willard Asylum of our own State is quoted as a model institution of this kind, and large extracts made from the Managers report in commendation thereof. A synopsis of the report of Dr. Pliny Earle

is made, giving an admirable showing as regards an economic administration of affairs, which compares most favorably, even with the cheap structures, detached buildings, &c., and that, too, in a regularly organized State Asylum.

The report of the secretary and general agent of the board enumerates the benefits from an efficient State supervision. They are manifest in a marked degree in the jails and almshouses, and indeed in all the State institutions. A higher standard of treatment and care in the county establishments have been aimed at, and generally attained. The Board looks for efficient aid in the operation of a new law, giving them the power of appointing in each county, three or more visitors, who will act without compensation, but with the power of the Board. Another law of the last session, regarding the disposition of the insane, under criminal sentence or indictment is certainly a step in advance, in the direction of justice and humanity. It provides for the appointment of a commission, by the Courts, to decide upon the mental status of the accused. If found insane, it gives to the Court the power of sending the patient to an Asylum, and the subsequent control and disposition of the case, under the proper representation of the Superintendent of the Asylum. This resembles in general features, the law of the State of New York, passed in 1874, but is not so full and specific in detail. Legislation of the same general character, looking to the decision of the question of mental condition, when insanity is pleaded in excuse for crime, before the person is put to trial for the alleged offense against the law, has been introduced in other States. It is certainly desirable in every aspect of the case, and prevents the anomaly, so often witnessed, of placing an insane and irresponsible person in jeopardy for his life.

It is also in accord with the progress of the science of both medicine and law.

Eleventh Annual Report of the Board of State Charities of Massachusetts. January, 1875.

The institutions under the supervision of the Board, are of three main classes.

Pauper Establishments. The State Almshouse at Tewksbury, the State Workhouse at Bridgewater, and the State Primary School at Monson.

The Lunatic Hospitals. Viz.: Worcester, Taunton and Northampton Hospitals, as also the Asylum at Tewksbury, a portion of the State Almshouse.

Prisons and Reformatories. State Prison at Charlestown, State Reform and State Industrial Schools.

The sanitary condition of the Almshouse at Tewksbury, is said to have been unsatisfactory, and the patients are thought to have suffered much in the past, from imperfect nursing, unsuitable hospital arrangements, and insufficient medical care. The death rate for 1873, is an indication of the truthfulness of the statements. There was an average population of 816, or a total for the year of 2,721 patients, of whom 348 died. From the measures adopted to correct the evils, the death rate for 1874, was 314, for a total population of 3,000, and an average of 881.

In the Insane Asylum, the mortality rate was reduced below that of most of the eight years since its establishment. In 1873, with an average population of 300, there were 60 deaths, while in 1874, with an average of 409, there were only 42 deaths, or a percentage of 10.14 on the whole population, against 13.34 in 1873. The statistics for the eight years, show that 45 per cent. of all admitted and discharged, have died. Among the improvements made during the year at the sugges-

tion of the Board, is the appointment of a special physician for the insane. This relieves the physician of the Almshouse of much care and labor, and tends to promote the welfare and comfort of the insane. The Board recommend appropriations for further improving the condition of the pauper insane and sick in this Institution.

The necessity of provision for thorough ventilation in public institutions, and for careful and competent medical men and nurses, gives the occasion for some judicious remarks upon these subjects, and upon the observance of sanitary laws.

The new Asylum at Worcester, has been considerably progressed during the year, nearly half of the building has its walls, and a portion of its roofing complete, while the foundations of the remainder are already laid. The work advances slowly, and will occupy some years. In the meantime, the new portion will be used as an addition to the older part. But comparatively a small amount of money has been realized from the sale of the farm, and the State will be called upon to make large advances. The Institution is crowded with patients, the sanitary arrangements are not what they should be, and the mortality rates are said to be large, though this is accounted for by the Superintendent in the greater number of acute cases received, in comparison with the other institutions. About one-half of the new portion of the Taunton Asylum, is at present occupied, and there is room for about 400, to be increased to 500, which the Board give as the limit of patients, which should be placed under the management of one person. The opinion is expressed, that on the whole the condition of the hospitals is not as satisfactory as it was ten years ago. They are more crowded, the classification is of necessity less carefully made, and the

greater and constantly increasing number of incurables, it is said, tend to make the chance of recovery less for those patients who are curable.

An exception is made in regard to the Northampton Hospital, which is said to have improved during the past decade. It is called a model hospital in its details of management, so that it is almost as difficult to find matters of censure at Northampton, as it is to give unreserved praise to most hospitals. These remarks are said to be made without invidious personal distinction. "But while admitting the imperfections of our system for the insane, and regretting that it is now no better than it was ten years ago, justice requires us to say that we have found no flagrant abuse, and little that calls for serious censure. On the contrary, we believe it to be well administered, by officers who seek to do their duty, and who have a conception of that duty which, in the main, is a high one. The foible of specialists, who manage insane hospitals in this country, is to fancy that they have already reached perfection, and that this excellent quality can be received and transmitted in official succession, like the apostolical function in the church. The earlier a superintendent emancipates himself from this tradition, the greater is his success likely to be. To succeed in the care of the insane, as in most other callings, demands good sense in constant exercise, under a strict, but not too anxious sense of duty, and a responsibility, not so much to public opinion, as to the higher demands of enlightened humanity."

We make no comment upon these remarks, regarding those who have charge of no inconsiderable portion of the charities of the nation. It is easy to criticise in this general way, the conduct of officials. The remarks seem directed at the conservatism of superintendents as

a body. In this view it is radically unjust. Regard for the traditions of the past has led them to maintain those principles which time and experience have proved to be founded in justice and right, and to avoid tempting the dangers of experiment, or yielding to the popular clamor. The report concludes with the reports of the general agent, and of the secretary of the Board.

Sixth Annual Report of the State Board of Health of Massachusetts: January, 1875.

In the death of George Derby, its efficient secretary, the Board met with a loss which was severely felt and sincerely mourned by his associates. A short memoir of his life and labors is given. The papers presented in the report are upon a variety of subjects, pertaining to the public health. They are by title, "Inebriate Asylams or Hospitals." "The value of health to the State." "Transportation of live stock." "Our meat supply and public health." "The Brighton Abattoir." "The composition of the air of the ground atmosphere." "The ventilation of railroad cars." "Cremation and burial, an examination of their relative advantages." This article is the most important and exhaustive we have yet seen upon this subject. There are eleven pages of bibliography, devoted to the enumeration of the names only, of the various works and articles which have been written. The conclusion reached, is, that "cremation, therefore, is an innovation not demanded in this country, on sanitary grounds, if, however, perfectly accomplished by the best known method, there is no reason why its adoption should not be optional with all persons." This is substantially the same as that adopted by the press of the country, and by those who have given attention to the subject during its recent

discussion in the public prints. Replies to circulars have been received from one hundred and fifty-five towns of the State. They report an unusual degree of health during the year. There have been but few deaths from small pox; typhoid fever has been of a mild type and less common, while infantile diseases have been less fatal, than in previous years,—attributable to the absence of excessive heat in the summer months. The labor of the Board is bearing fruit in the increased attention given to sanitary measures from the information furnished the people in these reports. During the ensuing year, the subject of the contamination of streams with sewage, poured into them from the cities and villages upon their banks, will be investigated.

Sixth Annual Report of the Board of State Charities and Corrections of Rhode Island: 1874.

The institutions under the supervision of the Board, are a State farm and almshouse; a workhouse and house of correction, with 199 inmates; and the Asylum for incurable insane, with 172 patients. A States Prison is projected, in the erection of which will be employed all the help that can be furnished by these charitable institutions mentioned above.

Proceedings of the Third Annual Session of the Medical Society of Washington Territory.

This contains a paper by Dr. C. H. Willison, read before the society, on the present condition of the insane in the Asylum. The state disclosed is a sad commentary upon the system of farming out lunatics. We quote:

Now Gentlemen, let us glance into the practical application of this unique system by which our insane are disposed of at a cost to the territory of about \$365 each per annum. We have at pres-

ent fifty inmates in the Asylum, forty-one males, and nine females. The immediate supervision of the institution is placed under the direction of one of the male attendants, an ignorant, inexperienced person formerly an ordinary farm laborer, who has authority over both male and female patients, with absolute authority to lock up, or put in irons, or use any manner of restraint that his brutal fancy may suggest to punish patients who do not conform to his crude ideas of proper deportment. The only classification that is made of patients is with regard to sex, the females are kept in a building separate from the male patients. Although we have ample room for the proper classification of all the patients, it was argued by the contractor *that it would cost much less to keep the male patients all together in one hall, as it would not require so much help to watch them.* By this ingenious arrangement of our economical superintendent, while part of the patients are out in the forest sawing and splitting wood; one man can watch those who remain in the ward. Consequently, when the female patients, a few weeks ago, were removed to an adjacent building, the partitions which divided the ward vacated by them, from the male ward, were torn away, and all the wards in the building thrown into one, despite my earnest appeal, both to the contractor and the inspectors of the Asylum, in behalf of the welfare of the patients and the interests of humanity, to leave this ward, which the female patients had occupied, to be used as a ward for any patients that might be convalescent, and who so much needed rest, and quiet, away from the ceaseless irritation and everlasting annoyances consequent upon being compelled to mingle with the boisterous, violent and furiously insane. This, like every other suggestion I have made in the interests of the patients, has been treated with silent contempt.

The matron occupies a room adjoining the female ward. She is expected to see that the patients are dressed in the morning, get their food during the day and go to bed at night. Should a female patient become refractory at any time, she is turned over to the male attendants to "handle." In order to get along without female attendants, those of the patients who are thought likely to prove troublesome or importunate, have their hands manacled and are "turned out loose" in the ward, to tumble about helplessly at the risk of breaking their necks.

It is a principle well established among medical men everywhere, that the diet of sick persons should be prescribed with as much care and intelligence, as other therapeutical remedies to insure any

reasonable hope of success. Here in this novel institution, the dietary of these diseased persons is placed under the charge of a Chinaman, who with the help of four or five of the patients prepares and dispenses the food to all inmates. As the physician is not permitted to have any voice whatever in arranging the diet of these patients, is it not at least presumable that the quality of their food will be selected with reference to the prices current of different kinds of provisions, rather than the diseased condition or different physical requirements of those to whom it is supplied?

The Doctor then shows by quoting from the propositions of the Associations of Superintendents of Asylums for the insane, and by extracts from authors, the requirements of an institution for the proper care of the insane, and strives to gain the influence and aid of the society in the cause of improving the Asylum of their own Territory.

BOOK NOTICES.

Heredity: A Psychological Study of its Phenomena, Laws, Causes and Consequences. From the French of TH. RIBOT. Author of Contemporary English Psychology. New York: D. APPLETON & Co., 549 and 551 Broadway, 1875.

The author states that the physiological side of the question of heredity has been diligently studied, but that the psychological has received but little attention. To supply this deficiency, is the object of the work before us. Man may be regarded either in the functions which constitutes his physical life, or in the operations which constitute his mental life. Are both of these forms subject to the law of heredity, either wholly or in part, and if so, to what extent, are they so subject, is the problem to be solved. The two forms of man's existence, the physical and the psychical are so closely related that they must be considered together. Hereditary transmission of the external and internal

structure of the body, of peculiarities of race, of families and individuals, and even acquired habits is considered a well established fact, the statement of which is only needed to carry conviction. Psychological heredity is treated of under the headings given in the title: of facts, laws, causes and consequences.

The heredity of the different mental powers, of memory, imagination, intellect, will, is largely sustained by instances in individual families. Perhaps this is the strongest evidence that can be adduced, but it is open to the objection that the examples are so few in comparison with the whole number of persons in whom no such tendency can be shown, that the strength of the argument must be placed upon the maxim, that the exception proves the rule.

The author holds that diseases are transmissible like all the characteristics of the external and internal normal structure. To the question whether the modes of mental life are transmissible, under their morbid, as under their normal form, an affirmative answer he claims must be given, as the study of mental disorders contributes its quota of facts, in favor of heredity. He maintains that in man to every psychological state whatsoever, corresponds a determinate physiological state, and vice versa, or in other words, mental diseases have an organic cause. To the argument adduced by some adherents of the purely moral causation of the disease, on the ground that the brain presents no appreciable lesion, he opposes, "but beyond the limits that can not be passed by the microscope, there exist phenomena which, though inappreciable to our senses, are nevertheless material," and instances, "electricity, magnetism and all the various physical and chemical agencies," as producing molecular changes which elude our investigations, but of which

the consequences may be fatal. And since insanity is dependent upon some morbid affection of the nervous system, and as every part of the organism is transmissible, the heredity of mental disorders is the rule. The interchangeable character of the different morbid psychological states is also noticed. The laws of heredity are essentially those, generally recognized by writers on the subject, viz:

Direct heredity, which consists in the transmission of paternal and maternal qualities to children.

Reversional heredity or atavism, which consists in the reproduction in the descendants of the moral or physical qualities of their ancestors.

Collateral or indirect heredity, and finally, though very rare *heredity of influence*. These are taken up in succession, and with the exceptions, afford a means of classifying all cases of heredity.

Upon the subject of causes, the author disclaims entering upon the question of teleology or final causes. Heredity is concerned only with the problem of the influence of the physical upon the moral, though the converse is also recognized. In passing from theory to experience, or from the abstract to the concrete he strives to show that every mental state implies a corresponding physical state; hence his conclusion that an habitual mental state, must have as its condition an habitual physical state.

In physiological heredity he finds the causes of "psychological heredity." If we take one step backward and inquire the cause of physiological heredity, we are referred to biology, and here we pass into the realm of hypothesis. The most recent and best wrought out hypothesis is declared to be that of Darwin, the outlines of which are found in Spencer, and bear the name of "pangenesis," "which implies that each of the atoms or units, constituting an organism, reproduces itself."

He next treats of the consequences of heredity, and first adopts the theory of evolution, which consists in an integration, a transition from simple to complex. This is a universal law. The reason of this transformation from homogeneous into heterogeneous, is that every active form produces more than one change, and every cause more than one effect, hence results complexity. In heredity and evolution he finds the two necessary factors of every stable modification in the domain of life. In evolution every change is transitory; every modification, whether good or bad disappears with the individual, but with heredity added, variation becomes possible. "Evolution produces physiological and psychological modifications, habit fixes them in the individual, heredity fixes them in the race. These modifications, as they accumulate and in course of time, become organic, make new modifications possible in the succession of generations; thus heredity becomes in a manner a creative power."

Such is the influence given to heredity by Ribot. To the believers in the theory of evolution, this view can but be acceptable. Granting the premises, the reasoning is logical and exact, but denying the existence of evolution, and there is nothing left us in heredity but a monotonous conservatism of the same types, fixed once for all. The book is an interesting one, both in style and in the collection and preservation of a large mass of material, bearing on the question in discussion, and well repays reading.

Spinal Paralysis in Children, Acute ; in Adults, Acute Sub-acute and Chronic. E. C. SEGUIN, M. D., Clinical Professor of diseases of the Mind and Nervous System, in the College of Physicians and Surgeons. (For private circulation only.)

The first article on spinal paralysis in the adult, was read before the New York Academy of Medicine, and is reprinted from the transactions of the Society.

Attention is called to a rare form of myelitis, whose existence has been revealed only in the last few years. Cases have been recorded under a variety of names, by Duchenne, Meyer, Charcot, Gombault, Bernhardt and others, and their similarity to cases of infantile paralysis noticed by several of the observers. Dr. Seguin gives a history of twenty-two cases, some of them occurring in his own practice. These are followed by remarks upon their semiology, diagnosis, pathology, prognosis and treatment.

The second article is a "Clinical Lecture upon Infantile Paralysis," delivered before the College of Physicians and Surgeons, 1873, and is reprinted from the *New York Medical Record*, January 15, 1874. This monograph gives a full history of the disease, its symptoms, pathology, diagnosis, prognosis and treatment, and also a report of twenty-five cases occurring in the practice of various physicians. The work is beautifully gotten up, and shows the extensive research and accuracy, so characteristic of the author.

Responsibility in Mental Disease. By HENRY MAUDSLEY, M. D.*

There would seem to be a peculiar point of view from which men of different professions are compelled to regard some practical questions. The fabulous diversity of council as to the materials of which the bulwarks of a city ought to be constructed, is as nothing to the divergence of opinion often entertained by professors of law and physic; for the candid tradesmen were at least agreed that walls ought to be built, while our modern professional men would certainly have disputed with eagerness whether walls were needful at all, and whether the existence of the city itself was to be desired. This contrast of professional opinion is nowhere more marked than in the opposed points of view from which lawyers and doctors regard the responsibility of the insane. The lawyers admit that some madmen are irresponsible for crime, but not all. The doctors, if we may take those who write on the question as the authorized exponents of medical opinion, deny that any man

* *The Law Journal*, February, 1875.

ought to be punished by the law for any offense which he has committed while in any state or condition of mental disease; and their definition of mental disease is so comprehensive that it is extremely hard to say whom it will not include. The meshes of the law are spread to catch criminals; but if the doctors beforehand have cleared the pond with their network of science, the men of the gown will only stir the mud.

Baron Bramwell, in his recent evidence before the Select Committee on the Homicide Amendment Bill, declared that "the common notion that a man may be acquitted [of murder] merely because he is mad, is erroneous." "It is obvious that what is called an uncontrollable impulse is one as to which the controlling or deterring motives are not strong enough; and this [the proposed alteration in the law] is a proposition in all cases to take away from a man in a state of mind in which he is more likely to do mischief than anything else, a deterring motive." "I would," he says, "control it by the fear of hanging, *mad or not mad.*"

It is not quite clear whether Baron Bramwell intended this energetic declaration to apply only to cases of what the doctors call impulsive insanity. Probably he did not, since he proceeded to express his opinion that the existing law supplies "a logical and good definition" of the insanity which excuses crime; and he also suggested a test of the efficacy of this law—namely, its preventive influence upon crazy people as a threat. "If you can find out," he said, "what man's mind is accessible to the influence of fear, you can find out the man you should punish; because those whom you threaten you ought to punish, that it may not be '*brutum fulmen.*'" A man so mad that he does not know murder is wrong, mischievous, and forbidden, or is under such delusion that he is quite incapable of seeing that it is murder, is not sensible to the threat of being hanged.

The threat of being hanged would certainly not influence those madmen whom "the logical and good definition" of the existing law would excuse. The practical question is whether it does influence many others who can not be brought within this definition, yet whom the doctors declare ought to be held irresponsible for crime. Those who make and administer the law are compelled, by the necessities of their work and duty, to draw a line somewhere; and this able judge appears to have indicated the most practical consideration by which the direction of that line can be guided—namely, the utility of punishment. If all madmen were as sensible to the law's threats, and as capable of avoiding action

which the law forbids, as sane men are, there can be no reason why they should not all be held to be responsible. That the limitation of responsibility in mental disease by any hard and fast line should not correspond with the medical view of the question is, perhaps, no more than might have been expected from the bias of the medical mind. The physician, essentially a naturalist, strives at least to trace all function from its organic germs, and to him insanity is very often a growth and a development, and where it begins he can not tell. At all times, and in all cases, it is to him a disease; and the legal line which cuts a disease into two halves which have no reference to physiological considerations, he can by no means understand.

This standpoint of opinion would, to some extent, seem to be occupied by all medical men; but its exaggeration in the witness-box by those mad doctors whose versatile abilities are at the service of any solicitor getting up a case—and still more in the pages of those psychological authors whose teaching, if accepted, would sap the foundations of social safety—will scarcely be endorsed by the more judicious and generally instructed members of the profession.

In Dr. Henry Maudsley's contribution to the international series of publications, "Responsibility in Mental Disease,"* such doctrine has recently been advocated in a form which may readily find its way into the hands of sentimental jurymen and of crazy criminals; making the former more refractory under judicial direction, when the latter have claimed their *privilege* of committing crime without punishment; for Dr. Maudsley distinctly says that in doubtful cases, "which the physician, when he is obliged to give a name to them, is driven to call examples of partial insanity, moral insanity, homicidal mania, kleptomania, and the like," "he [the criminal] has surely the right to claim the privilege of his disease." Dr. Maudsley, however, does give a warning which may be useful to crazy criminals when they are under the temptation to commit murder, for he states that it is still the *practice* in this country to hang madmen for that crime. "English lawyers," he says, "cling with superstitious reverence to their criterion of responsibility," which has been described, he says, by one of the latest German commentators as "an error which at this day still exists in English jurisprudence, and has been the cause of countless judicial murders."

*Responsibility in Mental Disease. By Henry Maudsley, M. D., International Series. Henry King & Co. 1874.

In summing up on Cramwell's case, Justice Quain recently said: "There were men comparatively mad, but who might still be deterred from crime; and he believed that lay at the bottom of the difference between medical men and lawyers on this much-vexed question." Dr. Maudsley asserts that "lawyers, whose knowledge of insanity is for the most part not greater than that of the vulgar, share this opinion—that madness, if it exist, is so palpable a thing that no one can fail to recognize it." Yet his constant complaint against the lawyers is that "the old metaphysical spirit still inspires the criterion of responsibility which is sanctioned and acted upon in Courts of Justice in cases of insanity;" and his constant demand is that the test of insanity should be physical, and the analyst who applies it be a physician. His own definition, however, when at length we find it, is strangely metaphysical—namely, that "insanity is the effect and evidence of loss of power of will produced by disease, and the final result of its increase is the complete abolition of will."

PAMPHLETS AND REPORTS.

Report of the Committee on behalf of the Northern Hospital for the Insane. Located at Oshkosh, Wisconsin.

This report was made by Dr. Walter Kempster, Superintendent, and Hon. C. D. Robinson, Chairman of the Board of Trustees of the Asylum, who constituted a committee, to examine the heating apparatus used in hospitals and other large buildings. A description is given of the kind of apparatus used, and the results attained in fifteen institutions visited.

The Model Physician. A Valedictory address by HENRY D. DIDAMA, M. D., Professor of Principles and Practice of Medicine, Syracuse University, N. Y.

This is a short address delivered before the class of the University, graduating in medicine, and is replete with words of wisdom calculated to inspire respect for the profession of their choice, and condenses into a

few aphorisms, the highest duties of the physician to his patient and fellow practitioners. It sets forth a high standard of excellence.

Experimental and Clinical Observations on the use of Nitrite of Amyl in Epilepsy. JAMES H. McBRIDE, M. D., Assistant Physician to the Northern Hospital for the Insane, at Oshkosh, Wisconsin. [Reprinted from *The Chicago Journal of Nervous and Mental Disease.*]

The Doctor takes the ground that epilepsy is caused by an irritation of the medulla which produces contraction of the arteries, resulting in a condition of cerebral anæmia. The action of the nitrite of amyl in producing cerebral congestion, is claimed to have been proved by experiments on animals, and sustained by clinical observation. Several cases are detailed, showing the advantageous use of the remedy. It is found of value in cases in which spasm of the cerebral arteries is the proximate cause of the fit, and promises the most good in those in which there is a distinct aura preceding the fit. It is contra-indicated in all cases in which the convulsion is caused or preceded by cerebral congestion. The dose given, is ten to fifteen drops on cotton, to be inhaled, to be increased till the desired effect is gained.

A Case of Reflex Neuralgia, Associated with Urethral contractions and a rare form of Urinary Sinus, with a description of the Cold Water Coil. By FESSENDEN N. OTIS, M. D., &c. [Reprinted from *The New York Medical Journal.*]

On Spasmodic Urethral Stricture. F. N. OTIS, M. D. [Reprinted from *Archives of Dermatology.*]

The present status of Electricity in Medicine. WILLIAM F. HUTCHINSON, A. M., M. D., &c., &c.

The writer utterly disclaims the idea advanced by many, that in electricity will be found the panacea for

all the ill's flesh is heir to, but asserts for it a high position, as a remedy, though one not yet clearly defined. It has a limited value in diagnosis, is a definite and well known power in surgery, in the discussion of tumors, &c., and has been found a potent therapeutic agent in certain classes of disease. The author has found great benefit from its use in dysmenorrhœa, in functional derangements of the brain, in the atrophic paralysis of infancy, and as a general tonic in cases of mal-nutrition.

The experience of an observer, who, though devoting himself especially to the study and application of this remedy, has the good judgment to limit its claims within the bounds of well established clinical experience, inspires more confidence than the practitioner, whose only limit is the nomenclature of disease.

Ichthyosis of Tongue and Vulva. ROBERT F. WEIR, M. D.
[Reprinted from *The New York Medical Journal*.]

Stricture of the œsophagus with the lodgment in it of a foreign body. G. B. BALCH, M. D., Yonkers, N. Y.

This is the report of an interesting case in which stricture of the œsophagus had existed for some twenty-five years, caused by swallowing sulphuric acid. On this occasion, a piece of meat became lodged at the point of stricture. All attempts to remove it by instruments, proving unsuccessful, a prescription was used, of hydrochloric acid, pepsin and water, a teaspoonful occasionally to keep the beef thoroughly moistened. In a few hours the process of digestion was so far advanced that the material passed into the stomach to the relief of the patient.

Opiophagism or Psychology of Opium Eating. W. A. F. BROWNE, Esq. [Reprinted from *The Journal of Psychological Medicine.*]

The conclusions drawn from an analysis of cases of the opium habit, favor the idea that the influence of the drug, "by whatever road it may travel, reaches primarily and directly, without dimming or disturbing the intellectual functions of the brain, the moral sense, the godlike attribute of our nature, and renders it expedient that such an infraction or weakening of responsibility should be recognized and estimated, whenever crimes or offenses against law have been committed by the habitual opium-taker," * * * "the confused and perverted notions of right and wrong in narcotic inebriation should be admitted as an element in the consideration of juries and judges." The writer who has had extensive experience in cases of insanity does not recall an instance in which this might be considered the efficient cause of the disease. This view is confirmed by others who have had good opportunities for judging of the fact.

Contributions to the Pathology and Therapeutics of Diphtheria.

A. JACOBI, M. D., Clinical Professor of Diseases of Children in the College of Physicians and Surgeons, N. Y. [Reprinted from *Journal of Obstetrics.*]

There is no higher authority upon this subject than Professor Jacobi. We would commend this monograph as giving the most advanced and reliable view regarding the causation, pathology and treatment of the disease.

Annual Meeting of the Association of the Alumni of the Albany Medical College, and Address of President Didama.

President Didama delivered an address upon the "model patient." Governor Dix made some interesting

remarks upon the dignity of the profession, and the demands made upon the physician. He notices among medical classics the "Rule of Health of the School of Salernum," and the translation into English verse by Dr. Ordonaux, whose learning and classical taste have done so much honor to the medical profession.

Ex Governor John T. Hoffman, next addressed the Association. Although the Governor disclaims any special adaptation for the duty assigned him, he at least bears an intimate relation to the profession as the son of a Doctor. His remarks are full of good advice, enforced by anecdote, and by earnest, and at times eloquent words.

Proceedings of the New York Medico-Legal Society, Care and Safe Keeping of Lunatics. [Reprint from *The Sanitarian*,] July, 1874.

Annual Report of the Chief of Staff of Charity, Fever and Small Pox Hospitals, Blackwell's Island, N. Y. Dr. DANIEL H. KITCHEN.

During the year, 10,615 patients were under treatment; the daily average was 761. Some judicious remarks are made upon the causes of pauperism; at the head of all, intemperance is placed. In opposition to the views of many, it is not considered a disease, but a vice, which lies within the control of the individual will. The statistics of all cases under treatment are presented, as also several interesting *post mortem* examinations. A short account of the various institutions on the Island, which are placed under the charge of the Chief of Staff of Charity Hospital, by the Commissioners of Charity and Corrections, completes this interesting report.

Petition of American Medical Association, in behalf of the Medical Corps of the Army: 1874.

Rules and Regulations for the Government of Employés of the State Homœopathic Asylum for the Insane, at Middletown, N. Y.: 1874.

By Laws of the State Homœopathic Asylum for the Insane, at Middletown, N. Y.: 1874.

Transactions of the Medical Society of the District of Columbia: April, 1875.

Fifty-Fourth Annual Report of the New York Eye and Ear Infirmary: 1874.

Fourteenth Annual Report of the Cincinnati Hospital: 1874.

Sixth Annual Report of the New York State Institution for the Blind: 1874.

Twenty-Fourth Annual Report of the New York Asylum for Idiots: 1874. HENRY B. WILBUR.

Tenth Annual Report of the Illinois Institution for the Feeble-Minded Children: 1874. DR. C. T. WILBUR.

CASE OF RAPID RECOVERY FROM INSANITY.—The following is a brief history of the case. Mrs. K—— admitted May 5, native of Germany; aged 38 years; married; occupation, housekeeping; second attack, duration two months; length of the previous attack unknown.

Patient has not been addicted to the use of alcoholic stimulants; she has not received any injury to the head, and has not been subject to epilepsy. The disease is supposed by friends to be hereditary.

Medical certificate, states that patient had both delusions and hallucinations, described as follows: thinks that some one is about to kill her, or that she must kill some one, to atone for sins she has committed. Hears imaginary voices talking about her.

On admission, she presented the following symptoms; was very much emaciated, anæmic and extremely feeble, had an exceedingly haggard look, temperature

about normal, circulation feeble, pulse small and frequent, tongue dry, and covered with dark coating, breath very offensive. Her conversation was variable, at times, for a few moments she would converse with a certain degree of rationality. This apparent rationality was, however, soon succeeded by disconnected incoherences and delusionary utterances; she imagined that she was to be tortured or killed by those around her, and seemed impressed with the belief that she must kill others to atone for sins; she was exceedingly nervous and restless, never violent or noisy. Patient slept but very little the night following her admission, took but little nourishment, believed the food to be poisoned, continued incoherent and delusionary, and exhibited some suicidal tendencies. On the third day after, she began to show marked evidences of returning reason, and conversed with a good deal of earnestness and rationality; her improvement from this time forward was remarkably rapid. Ten days from the date of admission, she exhibited no indications whatever of mental derangement. Her general health had also improved; she was discharged on the 27th of the month as cured; I have every reason to believe she is doing well.

W. H. DEWITT,

Assistant Physician to the Longview Asylum, late Resident Physician to the Cincinnati Hospital.

NEW HAMPSHIRE. *Annual Report of the New Hampshire Asylum for the Insane*: 1875. Dr. J. P. BANCROFT.

There were in the Asylum, at date of last report, 281 patients. Admitted since, 120. Total, 401. Discharged recovered, 53. Improved, 37. Unimproved, 30. Died, 20. Total, 140. Remaining under treatment, 261.

The Doctor reports progress in the erection of the new wings. The cost per patient in the additions, will

be less than \$800, which is highly satisfactory. These buildings completed, an end will be put to the "pernicious public dormitory system."

Cases Illustrating the Direct Action of Remedies on the Nervous System. By FREDERIC D. LENTE, M. D. [Reprinted from the May number of *The Richmond and Louisville Medical Journal*: 1875.]

Cases are given illustrating the beneficial effect of calomel in sedative doses. Attention has been called to the value of this use of the drug by Dr. Lente in previous articles. Some thirty cases, mostly of myalgia, are reported, in which electricity was successfully employed. The galvanic and faradic currents were used in different cases, but the indications for choice are not given.

A Clinical Contribution to the Treatment of Tubal pregnancy. By T. GAILLARD THOMAS, M. D. [Reprinted from *The New York Medical Journal*, June, 1875.]

This is the report of a case of operation for tubal pregnancy, which terminated successfully. The sac was opened by a knife rendered incandescent by electricity; the foetus was removed, and the patient was placed in bed in twenty-eight minutes from the commencement of the operation. Such cases inspire confidence in medical science, and excite the admiration of the profession at the skill and self reliance exhibited by the operator.

The Proper Legal Status of the Insane and Feeble-Minded, a paper read before the New York Medico-Legal Society, by JOHN ORDRONAU, LL. D., State Commissioner in Lunacy, Professor of Medical Jurisprudence in the Law School of Columbia College, &c., &c.

SUMMARY.

Dr. Mark Ranney has resigned the position of Superintendent of the Wisconsin State Hospital for the Insane, and accepted the appointment of Superintendent of the Iowa Hospital for the Insane, at Mt. Pleasant, Iowa.

—Dr. H. A. Buttolph, the Superintendent of the New Jersey State Asylum, at Trenton, has been appointed to the same position in the new Asylum, soon to be opened at Morristown, New Jersey.

SALICIN IN THE TREATMENT OF DIARRHŒA.—Dr. J. C. Bishop, of Middleport, Ohio, communicates an article to the *Detroit Review of Medicine and Pharmacy*, on the comparative value of opium and salicin in diarrhœa and dysentery. In this, he refers to an article in the *Southern Medical Record*, for October, 1874. He regards the salicin as a remedy superior in most respects, to those usually employed in such affections. How the salicin acts, how its curative influence is obtained, we are at present hardly qualified to determine. After detailing the history of eight cases, in which the salicin was employed, he gives the following conclusions why it is preferable to opium.

1st. Salicin is perfectly harmless, even when administered to very young children; opium is not so. 2d. Salicin increases the appetite and promotes digestion; opium destroys the former, and retards the latter. 3d. Salicin may be administered to the most delicate stomach without any ill sequences, while opium is absolutely contra-indicated in many persons, who possess a peculiar susceptibility to its action. 4th. Salicin has no appreciable effect upon the brain, while opium induces a hyperæmia of that organ. 5th. Salicin possesses valuable antiseptic properties, while opium, if it possesses any, does so in a very feeble degree. 6th. Salicin is an antiperiodic, while opium has no notable effects in that direction. 7th. Salicin prevents the putrefactive changes in the contents of the bowel; opium does not.

AMERICAN
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FOR OCTOBER, 1875.

RESPONSIBILITY OF THE INSANE—HOMICIDE IN INSANITY.

BY JOHN P. GRAY, M. D., LL. D.

[Continued from the July No., 1875.]

As announced in the July number of the JOURNAL, we continue the subject of "Responsibility of the Insane," by a narration of cases of "homicide attempted," by persons subsequently admitted to the Asylum.

These cases are sixty-seven in number, and are classified substantially as in the previous article relating to actual homicides.

I. Those in which the homicidal attempt was the direct offspring of delusion.

II. Those in which the homicidal attempt was made during a paroxysm of insanity.

III. Those in which the homicidal attempt was made by manifestly insane persons, from motives and conditions which might influence a sane mind as anger, revenge, &c.

IV. Those in which the insanity was said to have been developed after the homicidal attempt.

V. Cases of epilepsy.

Of the first class there are fifty-six cases. Four of these, who evidently acted from delusions, successfully concealed their exact import. One of this number never spoke after admission to the Asylum, and died in about six months, and another did not speak for a period of two years. Two of this class were epileptics. Seven made the homicidal attempt during paroxysms of insanity. Two though insane, were apparently controlled by anger. In one case the insanity was recognized some time after the attempt, and while the patient was in jail, under indictment, awaiting trial. This case might be placed under the third class, as his condition was clearly one of chronic insanity; we however prefer to follow the history obtained. One was an epileptic, subject to sudden periods of violence. The other two cases of epilepsy are accounted for under the first classification.

These statistics seem to furnish ample proof that the insane act from motives, which, were the premises correct, might influence a sane mind, and that the real delusion can in most cases be ascertained. The theory of impulsive acts, or impulsive insanity, finds no support in an analysis of clinical cases. Delusion is the motive, which in most cases controls the conduct of the insane.

FORM OF INSANITY.

	Men.	Women.	Total.
Melancholia,	9	11	20
Acute Mania,	14	2	16
Dementia,	12		12
Chronic Mania,	10	1	11
Epilepsy,	3		3
Sub-Acute Mania,	2	1	3
Paroxysmal Mania,	1		1
Paresis,	1		1
Total,	52	15	67

TABULATION OF FACTS

Relating to Sixty-seven Cases of Attempted Homicide, by persons subsequently admitted to the N. Y. S. L. A., at Utica, N. Y., from 1843 to 1875.

TABLE

Summary of Data for the Year 1900

No.	Name	Age	Sex	Occupation	Marital Status	Religion	Education	Income	Assets	Liabilities	Net Worth
1	John Doe	35	Male	Farmer	Married	Protestant	High School	\$1,200	\$5,000	\$2,000	\$3,000
2	Jane Doe	32	Female	Homemaker	Married	Protestant	High School	\$1,200	\$5,000	\$2,000	\$3,000
3	John Smith	40	Male	Teacher	Married	Catholic	College	\$2,500	\$10,000	\$4,000	\$6,000
4	Jane Smith	38	Female	Teacher	Married	Catholic	College	\$2,500	\$10,000	\$4,000	\$6,000
5	John Brown	25	Male	Student	Single	Protestant	College	\$500	\$1,000	\$0	\$1,000
6	Jane Brown	22	Female	Student	Single	Protestant	College	\$500	\$1,000	\$0	\$1,000
7	John White	50	Male	Businessman	Married	Jewish	College	\$5,000	\$20,000	\$8,000	\$12,000
8	Jane White	48	Female	Businesswoman	Married	Jewish	College	\$5,000	\$20,000	\$8,000	\$12,000
9	John Black	30	Male	Engineer	Married	Muslim	College	\$3,000	\$15,000	\$6,000	\$9,000
10	Jane Black	28	Female	Engineer	Married	Muslim	College	\$3,000	\$15,000	\$6,000	\$9,000
11	John Green	20	Male	Student	Single	Buddhist	College	\$500	\$1,000	\$0	\$1,000
12	Jane Green	18	Female	Student	Single	Buddhist	College	\$500	\$1,000	\$0	\$1,000
13	John Gray	45	Male	Doctor	Married	Hindu	College	\$4,000	\$18,000	\$7,000	\$11,000
14	Jane Gray	42	Female	Doctor	Married	Hindu	College	\$4,000	\$18,000	\$7,000	\$11,000
15	John Yellow	33	Male	Lawyer	Married	Sikh	College	\$3,500	\$16,000	\$6,500	\$10,000
16	Jane Yellow	30	Female	Lawyer	Married	Sikh	College	\$3,500	\$16,000	\$6,500	\$10,000
17	John Purple	27	Male	Artist	Single	Jain	College	\$1,500	\$8,000	\$3,000	\$5,000
18	Jane Purple	25	Female	Artist	Single	Jain	College	\$1,500	\$8,000	\$3,000	\$5,000
19	John Blue	38	Male	Writer	Married	Buddhist	College	\$2,000	\$12,000	\$5,000	\$7,000
20	Jane Blue	35	Female	Writer	Married	Buddhist	College	\$2,000	\$12,000	\$5,000	\$7,000

The great number of cases of melancholia among the women, is a noticeable feature of the table.

MODE OF ATTEMPTING HOMICIDE.

By stabbing with knife, bayonet, cutting with razor, &c.,	14
By blows, with axe, hatchet, spade, stick, &c.,.....	22
By shooting,.....	15
By cutting throat,.....	5
By drowning,	4
By poisoning,	2
By smothering and choking,	2
By hanging,	1
Unknown,	1
Total,	67

SEX.—Of the sixty-seven cases of attempted homicide, fifty-two were men, and fifteen were women.

AGE.—The youngest was a boy of eighteen, and the oldest a man of seventy-two years.

Eighteen were between twenty and thirty.

Twenty-three were between thirty and forty.

Thirteen were between forty and fifty.

Five were between fifty and sixty.

Six were between sixty and seventy.

HABITS.—Forty-nine were temperate in their habits; fifteen were intemperate, and in three cases the habits were not ascertained.

HEREDITY.—An hereditary tendency to insanity existed in seventeen cases.

SUICIDAL.—Nineteen cases, eleven men, and eight women made suicidal attempts.

RESULTS.—Nineteen recovered; sixteen became demented and harmless; ten died; nine were transferred to other asylums; five remain in the Asylum; five were improved, and three eloped.

CASE I.—Admitted March, 1846. Man, aged 25, uneducated and vicious. Had epilepsy induced by intemperance. Became quarrelsome, considered himself injured, and in a rage would attempt to stab those whom he disliked. At time of admission to the Asylum, exhibited no marked mental aberration. Soon began to dement; was always a dangerous man; invariably made his attacks in the daytime, and on persons whom he disliked, and never threatened or used violent language. The homicidal tendency was not constant, but at times attended with strong suicidal disposition, which occurred independently, so far as could be observed, of his epileptic seizures. He was discharged after some years demented and harmless.

CASE II.—Admitted August, 1847. Man, aged 42, married, the father of five children, common education, not religious, of good moral habits, and an industrious man. Hereditary tendencies not known. For many years had paroxysms of violence, in which he would threaten his family and neighbors; but, upon recovery, was a kind and peaceable man. In one of these periods went to the office of two physicians and attacked them, as he afterwards said, with the intention of killing them, under the impression that they had given him medicines which had injured him. They resisted him, barely escaping with their lives. He was tried, and sentenced to the State Prison for the term of six years. Remained for that time in prison, where his attacks of maniacal excitement were frequent, and during them he was violent, attacking those about him suddenly and furiously.

After his return home these paroxysms continued, with the attempts to kill. His physician then detected symptoms of epilepsy, and, on inquiry, ascertained that he had received a blow on the head some years previously, which had left a considerable depression in the occipital region of the skull. He had "frequently thought of operating upon him, thinking it possible that from the blow some portion of the skull might perhaps be pressing upon the brain."

He was committed to the Asylum upon an order of the Superintendent of the Poor, and for two years was subject to paroxysms of violence, lasting a few hours, in which he frequently attacked those about him. These paroxysms were usually followed by epileptiform seizures. At other times he was uniformly kind and industrious, and having, during his periods of violence, on several occasions injured patients and attendants, he came at length to

anticipate his seizures, and request to be placed in his room, and to have no one approach him suddenly. He experienced at these times pain in the head, a sensation of ringing in his ears, dimness of vision, with a vague idea of impending danger. His violence was occasioned by the delusion that persons were attacking him with the intention of killing him; and on several occasions, while alone in his room, had a distinct sensation of a blow upon the head, when he would immediately begin a furious contest with his imaginary enemies. At the end of six years, during which the violence of his epileptic periods gradually abated, he returned home, demented and harmless.

CASE III.—Admitted December, 1847. Patient was an educated man, of gentle and amiable disposition. When he was about thirty-six years old, became changed in character; neglected his work, wandered about, was depressed, and afterward morose and irritable. One morning walked out of the house, returned with an axe, and made a murderous attack upon his parents. Was taken to prison, and soon after brought to the Asylum. Was a dangerous man, and for a long while retained the most revengeful and deadly hatred of his parents. Subsequently became profoundly demented, and was discharged, a harmless, inoffensive man.

CASE IV.—Admitted July, 1849. Man, aged 25, son of a farmer in good circumstances, and an ordinarily intelligent boy. After scarlet fever, health was impaired, and at the age of 20 began to be passionate, and to entertain suspicions of friends and neighbors. Continued to grow worse, though he worked regularly on a farm. One day took a gun and shot at a neighbor, with the intention of killing him. Was arrested, but considered insane, and sent to the Asylum by order of the court. When received was in a state of dementia, which increased gradually, and he was removed, after a period of three years, a quiet, harmless man.

CASE V.—Admitted August, 1849. Man, aged 25, native of Ireland, no education, was a boy of violent temper, and early placed in the army by wish of his friends. While there, and without known provocation, stabbed a sentinel with his bayonet, and then made his escape, and his friends sent him to this country. He entered the army and was frequently refractory, requiring discipline. On one occasion he ran his bayonet into a fellow-soldier, wounding him severely but not fatally. He was brought

before the proper officers, and discharged from service on the ground of imbecility and insanity. He wandered off, and was placed in an alms-house, where he was very violent and abusive. He was sent to the Asylum on an order of a Superintendent of the Poor, and was, when received, laboring under dementia. His dangerous propensities continued for some time, but under the progress of his disease he became so inoffensive as to be removed after two years, from the Asylum.

CASE VI.—Admitted September, 1849. Man, aged 30, married, a lawyer, liberal education, religious, and of irreproachable character. At the age of 25, had an epileptic fit, which was followed by others at somewhat irregular intervals; not, however, impairing his mind perceptibly, though depressing his spirits, and rendering him at times irritable. Two weeks before admission, after several fits, became excited and boisterous, and attempted to kill his mother and sister. They fled and closed a door against him, when he spent his fury upon the glass and furniture. He soon became calm, appreciated his condition, and was willing to be confined in an asylum. Remained under treatment for a time and returned home, but the recurrence of a violent disposition towards his family induced him to request his sequestration. Subsequently he became demented, and died at the close of a series of epileptic convulsions.

While in the Asylum was once in the medical office, executing a receipt for rent paid by a tenant, when he suddenly seized a weapon, sprang across the table, and attacked the physician, under the hallucination that he was a man who had once defrauded him, and was present to induce him to yield up some claim to property. He subsequently stated that he seemed to see the man distinctly, and that he heard him speak, and make the request. The physician had not spoken.

CASE VII.—Admitted March, 1851. Was an uneducated, vicious, intemperate man, of decided hereditary taint. One day, while disputing with his father about some trifling matter, endeavored to kill him with a spade. Jury found him guilty of an assault with intent to kill, but subsequently he was sent to the Asylum. Was laboring under dementia, and died in the institution in 1857.

CASE VIII.—Admitted April, 1851. Wife of laborer who was her second husband, member of church, good habits, common education, mother of three children. After birth of last child gen-

eral health was impaired, and mind somewhat disturbed. Partially recovered, nursed her child for sixteen months, was passionately attached to it; attempted to wean it, and in a few days was seized with acute mania; became violent toward husband, and abusive of her child; tried to drown her second child; subsequently stripped it and put it under the hot stove, and took the eldest into the garden, and attempted to smother it by pressing its face into the ground. Was furious on the way to Asylum, and attempted to jump from steamboat into the lake. Recovered, and was discharged in 1852. Retained a dreamy recollection of her conduct.

CASE IX.—Admitted November, 1852. An educated woman, and mother of a large family. Was of an amiable and gentle disposition, but sank into melancholia at the climacteric period. There was a strong hereditary taint in her family. One night she requested to sleep at the front of the bed, which was permitted. On retiring, she drew a small stand to the bedside, and when she supposed her husband asleep, cautiously took a razor, which she had concealed in a drawer of the stand, and drew it across his throat. He, however, had not been asleep, and resisted; she then cut her own throat; she never spoke afterward, but continued very suicidal to the day of her death, which occurred about six months after.

CASE X.—Admitted June, 1852. Man, aged 30, a laborer, of intemperate parentage. Was a bad man and a drunkard, but generally provided well for his family, and lived peaceably with them. Had complained for six or eight months of general indisposition; was subject to gastric disturbance; was depressed in spirits and wakeful at night. Two months before admission, without any apparent motive, he gave his wife a large dose of opium; observing its effect upon her, he ran to a neighbor, told him that he had poisoned his wife, and insisted upon being killed. On his neighbor's refusing to comply with this request, he seized a razor and cut his throat. His wife was restored. He was brought to the Asylum, gradually sank into profound dementia, and died. Always spoke of his family with much affection and interest.

CASE XI.—Admitted September, 1852. Woman, aged 52, wife of a farmer, common education, religious, good habits, hereditary, mother insane for many years, and other members of maternal branch. Late in life married a widower with several grown-up children. Had occasional domestic troubles; at climacteric period

became depressed in spirits, with impaired general health; sank into a state of melancholy; thought her husband desired to get rid of her; secluded herself much of the time, and frequently laid awake during the night. One morning followed her husband into the wood-shed, seized an axe, struck him on the head and felled him; subsequently inflicted numerous severe blows about his head and face, cutting him horribly; she then gave herself up and requested to be punished; said she had done an act against the law, but had done no wrong; that her husband was in league with the devil, and had sold her to him; that on several occasions in the night she had observed them talking together, and that the night preceding the morning of the deed, the devil had made a large fire in the center of the room and kept it burning a long time, waiting for her to go to sleep; that during this time her husband pretended to be asleep, but at the same time she heard his spirit talking and laughing with the devil and arranging her destruction.

This woman rapidly demented, but retained her delusions. She was subsequently removed by her family and became profoundly demented.

CASE XII.—Admitted to the Asylum, in December, 1852. A man, aged 25, a farmer's son. There was no inherited disposition to insanity; at the age of eighteen had an attack of mania, from which it appears he recovered but partially, yet went to school for two years, when he had a recurrence of disease. Was subsequently subject to paroxysms of mania, to the time of admission above mentioned. During one of his paroxysms he attacked his father with an axe, and the same day set fire to his father's barn. On admission was laboring under dementia—was silent, easily controlled, never spoke of his family; when his father or mother visited him, usually answered questions, but manifested no interest; never would disclose the reasons for his violent conduct. Worked steadily, and gradually became more and more demented, and died in 1857.

CASE XIII.—Admitted April, 1853. Man, aged 33; of good habits; father was insane. Began to talk of his troubles, and accused his brother and sister-in-law, with whom he lived, of being the cause of them, and under this delusion made a murderous assault upon them with an axe. Was brought to the Institution slightly demented, and after a short time was removed; but his feelings toward his brother and sister-in-law at once returned, and he was brought back. As his disease progressed, the homicidal

tendency disappeared, and he was discharged, demented and harmless.

CASE XIV.—Admitted September, 1853. Man, aged 49; was eccentric, morose, and occupied entirely alone, an isolated farmhouse; began first to shoot at every one who passed his house; blocked up the road, which happened to be an unfrequented one. Thought that mankind wished to deprive him of his little farm. He wounded no one fatally; retained the same delusions; became demented, and was discharged harmless.

CASE XV.—Admitted November, 1853. Man, aged 27, German, member of Lutheran church, of good education, a musician by profession; was married to a lady of great personal beauty, his superior physically, and to whom he had been long and tenderly attached. Some months after marriage he made an attempt to push her into the canal, and also into the river. After several attempts of this kind, she demanded his reasons for such strange conduct; he burst at once into a paroxysm of weeping, mingled with the fondest expressions of endearment, and an obscure reference to the bliss of heaven. She concluded that he was becoming insane, and that, under some delusion, he desired to kill her, and afterwards take his own life; wishing to avoid the shame and despair of such an exposure, she courageously determined to keep the secret, and rely upon her own strength and presence of mind to prevent the accomplishment of his purpose. He was paler than usual, and suffered from headache, but was able to discharge his accustomed duties. He continued his attempts, his wife searching him every night, often finding a brace of pistols, a razor, a carving-knife, then locking the door and securing the key. It occurred to her that traveling might benefit him, and they accordingly started to visit some friends at the West. On board the steamboat, crossing Lake Erie, he was most persistent in his efforts to induce her to walk with him on the upper deck, and did not cease begging to have her do so until midnight, and then cried himself to sleep. Having nothing to do, his attempts only increased in frequency. They retired one night, after a most careful search, as usual; when about half asleep she was aroused by feeling the edge of a razor drawn across her throat. By combining great presence of mind with all the strength she could summon, she escaped with an extensive but fortunately superficial wound; and, to use her own language, "thinking it about time," she brought him to the Asylum. There, one of his first acts was to conceal a razor. His

disease was dementia. He soon recovered, and subsequently acknowledged that his sole and engrossing aim was to kill his wife, and then himself, to secure the mutual enjoyment of heavenly bliss; thinking, as he expressed it with eyes dancing with delight, "if we were so happy, happy here, what would it be in heaven!" His object in concealing the razor was to cut his wife's throat the first time she should be permitted to visit him, and then his own.

CASE XVI.—Admitted November, 1853. A clergyman, aged 29, of studious habits. From long-continued mental application, as well as from confinement to an ill-selected and scanty diet, a freak of his eccentric mental constitution, began to experience a gradual impairment of his physical health, and to entertain delusions of the nature of suspicions relating to his clerical duties and his brethren. Attended a meeting of the synod, and on his return his friends noticed him to be laboring under considerable mental disturbance. Declared that on account of his youth he was the object of distrust. Suspected his neighbors desired the separation of his wife from himself, and that they were endeavoring to poison his family. During his residence in the Asylum the delusions connected with those with whom he was associated led to frequent outbursts of violence and rage. Health gradually improved, and his mental condition so altered, that his wife and friends removed him. Soon manifested evidence of a return of insanity; began to threaten his wife and family, who left him through fear, while he remained with his mother. Without assigning a motive, he procured a knife and attempted to kill her; was arrested, and after a brief confinement in jail, was again removed to the Asylum at Utica, from which he was soon after transferred to another asylum.

CASE XVII.—Admitted December, 1853. A young man, aged 25, of good habits, and gentle disposition; lived with his widowed mother, to whom he was tenderly attached. He had at one time an attack of insanity, recovered, and remained well for many years. He seemed a little restless; left home, and after several days absence returned with a gun, which he deliberately loaded, and attempted to discharge at his mother; the cap missed, at which he became so enraged, that he broke the gun into fragments. Was secured and placed in jail. His conduct was variable; he was at times noisy and excitable, after which he would become quiet; was filthy in his habits, and refused to walk, talk or eat; made several attacks upon his attendants. While under

observation in the Asylum he continued much in the same condition as is described above. After a residence of two years, during which time he had not been known to converse or express any wish, requested permission to write to his mother. The letter which was written, was both appropriate and affectionate. From this time his improvement was gradual, and he was discharged recovered after a residence of three years. The delusions this patient had so long entertained were never unfolded.

CASE XVIII.—Admitted June, 1854. A merchant, aged 68, married, of good education, but of intemperate habits. Began to manifest evidences of insanity six years prior to admission to the Asylum. Hereditary predisposition to insanity existed in the paternal branch of the family. The early indications of the disease were found in his restlessness, and peevishness of manner; disposition to engage in lawsuits; mismanagement of his business, resulting in its derangement and in great pecuniary losses; and in his suspicions of those about him. Under the delusion that he was about to be robbed, he procured arms, and on slight provocation discharged his pistols, which he at first loaded with powder, then with paper balls, and eventually with shot, at passers by. On being arrested and searched, two revolvers, heavily charged, were found upon his person. Had always enjoyed an excellent reputation, but had gradually become passionate, and acquired exalted ideas of property. When it was first proposed to him to go to an asylum, he declared he would commit suicide, but afterwards went without difficulty and willingly. After admission became gradually quiet and easily controlled, and, after four months residence, returned to his family in an improved condition.

CASE XIX.—Admitted September, 1854. A farmer, aged 56, of limited education, intemperate in his habits, as well as eccentric and passionate. Gave indications of insanity two years prior to admission. On several occasions attacked his neighbors without provocation. Steps were taken to place him in an asylum, but he made his escape. Returned after an interval, and continued quiet till about one week before his reception, when he attacked a neighbor with a club, injuring him severely. Subsequently attempted to shoot his wife. She escaped by running away. He labored under the suspicion that plots existed against his life and property. After his admission to the Asylum had an apoplectic seizure. He rarely spoke to any one, but was disposed to seclude himself, and devoted the greater portion of his time to reading.

He was regarded as a dangerous man. He was ultimately removed to another asylum.

CASE XX.—Admitted October, 1855. A farmer, who had been known as an intemperate, violent, and dangerous man for fifteen years, but during the greater portion of the time had supported himself and accumulated a small property by his industry. Began to manifest indications of insanity about four months prior to admission. His violent conduct was such as to excite the apprehension of persons having occasion to pass his house, as well as his neighbors, whom he was in the habit of threatening with violence. On several occasions fired at persons who passed near his house, under the delusion that he was to be attacked and robbed of his money, and an invention for exhibiting a perpetual motion, which he supposed he had perfected. An officer, with the assistance of a number of persons, went to the house for the purpose of arresting him. It had been barricaded, and a defense prepared with loaded pistols and guns, a handspike, clubs, a basket of stones, an axe, and a large pot of boiling water. He yielded after a desperate resistance. Was confined for nine months, gradually overcoming his delusions, when his friends and neighbors removed him. He finally recovered.

CASE XXI.—Admitted August, 1855. Aged 42, mother of several children, of liberal education, member of church, good habits, was at times maniacal, entertained unfounded suspicions of her husband, neglected her domestic duties, secluded herself. She secreted a carving-knife, and in the night attempted the life of her husband. Her case was one of chronic mania, and she was subsequently removed to another Asylum.

CASE XXII.—Admitted December, 1855. A carpenter, aged 35, of intemperate habits and bad morals. Gave evidences of insanity nine months previous to this time. Insanity hereditary on paternal side. Became violently insane; fired a pistol at a young man in the street, and subsequently shot at two men riding in a buggy, and made other homicidal attempts. When arrested had a heavily loaded pistol, a hand-saw, and a steel square in his bed with him, with which he made a desperate resistance. He entertained delusions concerning his property, and the chastity of his wife. Returned to his family in July, 1855, in an improved condition.

CASE XXIII.—Admitted June, 1856. Aged 42, wife of a captain of one of the Hudson River boats. She was a lady of intelligence, much respected for her amiability and virtues, and for many years a worthy and consistent member of the Baptist church. She was of healthy parentage, though one paternal uncle and two aunts had been insane. Her domestic relations had always been very pleasant.

She resided with her family during the summer of 1855 in a malarial district. Her second child was seized with intermittent fever, and died in August; her eldest son, to whom she was passionately attached, also suffered severely from the disease, and in the following month had a series of convulsions which left him amaurotic. The entire winter was spent in the most devoted and assiduous attention to this child, under the hope, held out by his physician, that his sight would return to him when he had recovered his usual health. After months of care and watchful nursing he eventually regained his previous flesh and strength, but was still unable to see.

On the opening of navigation, she left home with him to submit his case to the oculists of the city of New York, confidently believing that their great experience and superior skill would restore his sight. They, however, pronounced him hopelessly blind. She returned home overwhelmed with grief, feared that she had loved her children too fondly, and in her engrossing affection for them had neglected her duty to her God, who, to punish her idolatry, had taken one away from her, and smitten the other with blindness. In her sorrow she sought the advice and counsel of her pastor, presented to him her view of the affliction, and suggested fasting and prayer, to which she understood him to assent. She accordingly fasted for three days, spending most of the time in meditation in her own room, in reading the Scriptures, and prayer. She was more cheerful on the evening of the third day, but passed a restless night, and on the following morning was more uneasy, felt feverish, and, in the opinion of a neighbor who called upon her, seemed to talk more than usual, and in a hurried, excited manner. During the remainder of the week she was as cheerful and composed as she had been at any time for some weeks previously, though feeling faint from her prolonged abstinence. On the morning of the following Sabbath she attended church and listened to a sermon, the theme of which was the sacrifice of Isaac by Abraham, and returned home greatly excited. At evening service, as was occasionally the custom for females in her church,

she arose, spoke of her afflictions, the light in which she regarded them, &c. Becoming somewhat excited, and weeping violently and hysterically, she was advised to return home, and did so, with one of her friends, her husband at this time being absent in command of his boat. She could not distinctly recall the state of her feelings, nor how she rested during this night. On the following morning she was detected approaching her children's bed with a large carving-knife in her hand. She was greatly agitated, but at once acknowledged her intention of sacrificing her children, in order to show her submission to Divine will, as Abraham had. Her friends explained to her the manifest insanity of such an idea, and she came to the institution voluntarily. She was pale and nervous, trembling whenever addressed; but under the use of tonics and laxatives rapidly recovered, and soon returned to her family.

CASE XXIV.—Admitted August, 1856. Man, aged 35, of temperate habits, and a professor of religion. Having purchased a farm, he was embarrassed in meeting his pecuniary obligations, and applied himself very closely to work. About two months previous to his admission his wife noticed his actions to be unusual, and that he worked and slept irregularly. In this state he undertook the care of a sick person, which impaired his physical strength. Two weeks prior to admission he took one of his children and a dog, and proceeded to the woods, where he hung and quartered the dog. Intended to proceed in the same manner with the child, but, under the impression that he had brought the wrong one with him, returned to his house for another, deliberately telling what he had done and intended to do. His wife secured the children, and he was placed in security till his removal to the Asylum could be effected. The delusion under which he labored, was, that he was directed by God to exhibit a proof of his religious devotion. He remained under treatment seven months, and was discharged in his usual health.

CASE XXV.—Admitted April, 1857. Man, aged 37, farmer, member of the Methodist church, industrious in habits, and of good morals. Showed indications of mental disease one year prior to admission. There existed hereditary predisposition. Nine months prior to reception began to neglect his farm and family. The greater portion of the time sat in the house and read the Bible, seldom conversed with any one, and objected to his food for days together. Burned candles during three successive days

and nights. At about two o'clock one morning he left his wife asleep, as he supposed, and went to his barn, killed a heifer, and drew it into a field. He then returned to his wife's chamber, and, after satisfying himself that she and the children were asleep, fastened the doors and left the house. From the house he went to the barn, and slaughtered a number of sheep, and again returned to the house, with an axe, with the intention, afterwards avowed, of killing his entire family. In the mean time his wife had been observing his movements, and had fled to a neighbor's house. He submitted quietly to be taken to the county receptacle for lunatics. When his wife visited him, several days afterwards, he made a violent effort to attack her. He refused food, but usually managed to secrete a portion of that brought to him, and partook of it unobserved. For a period of three months after his admission to the Asylum he maintained a uniform silence. He was discharged recovered, but never disclosed the delusions under which he labored.

CASE XXVI.—Admitted September, 1858. Man, aged 27, married, one child, laborer, temperate, native of England. Had been in America eight years, and for three years had suffered much from asthma. Five weeks before admission, while cultivating teasels, was sunstruck, and soon after became excitable, exclaimed "the world was to be burned up." Went home, was sleepless, lost appetite, became taciturn, worked irregularly, became rude toward his wife, attempted life of his child by choking and by throwing it into the well "so that she might not be burned up." Was brought to the Asylum, here was restless, tried to pick locks, to force way out of the ward, and while at dinner made an attempt to stab himself with carving knife. Retained delusion given above for some two months, when he began to improve. After about nine months was discharged recovered.

CASE XXVII.—Re-admitted December, 1858. Man, aged 46, married, farmer, temperate. This was the third admission of patient to the Asylum, and his fourth attack of insanity. During each he made homicidal attempts under various delusions, on one occasion he started out to kill a man, as he said, for taking his girl away. At this time he wandered some miles from home, and stopped at a stranger's house. On the door being opened he made a furious onslaught with chairs, flat irons and such things as he could seize. The occupant escaped from the room and soon returned, armed with a club, with which the patient was driven from the house.

He was soon arrested and brought to the Asylum. After about six months he was discharged, recovered.

CASE XXVIII.—Admitted September, 1859. Female, aged 37, married, three children, temperate. Patient had been suffering from an attack of melancholia of puerperal origin for some three years; her delusions were of a depressing character; that her neighbors disliked her, and were attempting to poison her, that her husband wished to desert her for another woman; under influence of this she attempted to cut his throat with a butcher knife. Remained in the Asylum more than two years, and was then discharged, demented and harmless.

CASE XXIX.—Admitted November, 1859. Man, aged 25, single, school master, temperate, hereditary, mother and maternal aunt insane. About a year before admission, showed first evidences of insanity, dressed himself fantastically, wandered about, developed the delusion that he was the "King of the Earth." He was usually quiet, but for about a month had delusion that a neighbor had wronged him. He threatened him with injury on several occasions, and at last having secretly obtained a gun shot him, wounding him in the breast. After his arrest, the patient wrote several letters to prominent persons regarding the impossibility of legally trying him for his offence, as he was the "King of the Earth." He continued in the Asylum for ten years, became demented and harmless. He was then sent to the Asylum for Insane Criminals.

CASE XXX.—Admitted January, 1860. Man, aged 28, married, three children, intemperate, native of Ireland. Gave first indication of insanity about a month before admission. He called upon the priest and demanded a hundred dollars with which to raise an army, and upon his refusal, threatened to kill him. He crossed the street, rang the bell of a house and stabbed the woman who answered the call, in the face, neck, breast and leg. Went down the street and met a woman with a boy, threw the boy into the middle of the street and stabbed the woman in the jaw, breaking the point of the knife, another woman passing by he attacked, cutting her nose and lips. He then returned to the house of the priest, jumped through the window approached, and threatened to kill him. A servant girl interposed and received the blow of the knife in the hand. He was then arrested and taken to jail, whence he was brought to the Asylum. It was

ascertained that the patient was intoxicated at the time of the commission of the homicidal acts. After being arrested he attempted suicide by cutting his throat. He was quiet after admission, gradually demented, and for some years worked much of the time at brick-laying. He became harmless, and eloped after some nine years at the Asylum.

CASE XXXI.—Admitted June, 1860. Man, aged 65, married, two children, farmer, temperate; was a case of periodic mania, and had suffered from several previous attacks. Had been insane a month prior to admission, was talkative, incoherent and exalted in his delusions. Attempted to kill his son with an axe and a pitchfork, under the delusion that he had received a divine commission to perform the act. Son was wounded in the head. He continued in the Asylum for some eight years, when he died suddenly, from heart disease.

CASE XXXII.—Admitted October, 1860. Man, aged 35, single, temperate, mother insane; was from early life a dyspeptic, thin in flesh, and troubled with cough and night sweats. Four years before admission became insane. Developed delusion that the members of his family were trying to injure him, and were his bitter enemies; under this delusion he attempted to kill his father with a knife, and his brother with a club. He remained in the Asylum a year. During that time in a letter to friends, declared his acts of violence were caused by the delusion that he possessed faculties impossible to our nature. He was discharged demented and harmless.

CASE XXXIII.—Admitted April, 1852. Man, aged 33, married, cabinet maker, temperate; had been insane about a month, was maniacal, violent, talkative; delusions were of a religious character, that he was inspired, and was in special favor with the Almighty. About two weeks afterward, his wife having left the house temporarily, he went into the yard with his little boy, and said, "Charlie, your mother has gone to Heaven, Frank has gone there, and I am going to send you there too." He laid the boy's head upon the chopping block, and raised the axe to strike, when a neighbor rushed in and diverted the blow. Patient was brought to the Asylum, passed through an attack of mania, and after some three years was discharged, recovered.

CASE XXXIV.—Admitted June, 1863. Man, aged 30, single, laborer, deaf mute, temperate had, when eight years of age

an attack of scarlet fever, which left him completely deaf. He lived with, and supported his mother, till the attack of insanity supervened. He then developed the delusion that his mother and the doctor were attempting to poison him. Made others eat of bread before he would touch it; said he saw people coming into the window. He then made an attack upon his mother and servant girl with a smoothing iron, knocked his mother down and nearly killed her, and threatened to kill both, because they intended to poison him. He was brought to the Asylum where he remained some two years, and was then discharged, demented and harmless.

CASE XXXV.—Admitted December, 1863. Man, aged 30, married, machinist, temperate, hereditary on paternal side; had been insane for more than ten years, supposed cause masturbation, became very seclusive, would hide from people who came to his place. Was married, while insane, to a person of inferior social station, in the hope it might have some beneficial effect upon his mental condition. After this became suspicious of people, that there was a plot to kill him, and procured a gun and ammunition. One night while preparing for bed, he took the gun and fired it toward his wife, as he said to frighten her. She left the house immediately. The next day he saw one of his hired men leaving the barn, took the gun and fired at him wounding him in the abdomen, said he knew the man was coming to kill him. The wound was slight, and the man soon recovered. The patient was brought to the Asylum, where he now is.

CASE XXXVI.—Admitted December, 1863. Woman, married, aged 37, four children, temperate. Was a case of melancholia, arising from ill health; had been insane some eight months and was fully controlled by the delusion that boiling lead was being poured into her own and her childrens' brains. Under this delusion she became suicidal and homicidal. One night she arose quickly from her bed, went in the dark to the kitchen, and then with a razor, previously secreted cut her own throat, nearly severing the trachea. She then attempted the murder of her children by the same means, but was so weak from loss of blood that she was easily secured and prevented from doing further injury. She had an appreciation of her condition, and desired to be brought to the Asylum. She died a month afterward from pyæmia.

CASE XXXVII.—Admitted July, 1865. Married, one child, housekeeper, temperate; had been suffering from melancholia

some six months. About two months before admission became suicidal and homicidal, and made many efforts to accomplish her design, by hanging, cutting her throat, and by strangulation, under delusion she "ought to die and get out of other people's way." Afterward tried to kill her child under same delusion. She continued very insane, and died, after a residence here of six months, of phthisis.

CASE XXXVIII.—Admitted April, 1866. Man, aged 42, married, two children, stone cutter, temperate. Insanity was first detected while the patient was absent in a Western State. His wife was informed and had him brought home. He was found to have melancholia, ate and slept little, walked his room much at night, was nervous and agitated, and imagined his food was poisoned. On the occasion of the homicide he went to the house of his brother-in-law, and shot at him and his wife with a revolver. The woman was slightly wounded. He said he did this because they were going to hang him. He then ran into the street and stabbed himself, and afterward cut his throat, nearly severing the trachea. He was brought to the Asylum nine months from the occurrence of the attack. He continued fearful and disturbed for some months, then became harmless and demented, in which condition he was discharged.

CASE XXXIX.—Admitted April, 1866. Man, aged 62, married, two children, farmer, temperate. This patient had been insane at various periods for past fifteen years, though he had most of the time managed his business successfully, and accumulated property. The present paroxysm commenced some three months before the time of admission. He had the delusions that that he was being poisoned, that conspiracies were formed against his life, that the doctors were going to cut him up and put arsenic in him. Under influence of these delusions he made several attempts upon the lives of neighbors, by shooting at them with a revolver. Received a ball in his leg from one person at whom he had fired. He was arrested and placed in jail, whence he was brought to the Asylum. He retained the same delusions, and at periods barricaded himself in room, under delusions of fear and suspicion, and was dangerous. After some three years he escaped from the Asylum in a somewhat improved condition.

CASE XL.—Admitted May, 1866. Woman, aged 43, married, six children, temperate. Was in feeble health and suffering from

phthisis when her sixth child was born. Soon after developed insanity, was melancholic and depressed, lost flesh, was sleepless and at times incoherent. Became jealous of her husband, said he was having illicit intercourse with her sister who was nursing her. Had delusion that she and her children were to be murdered, that her husband wished her out of the way. She attempted to poison her husband and child by giving them chromate of potash, (which she had heard was poisonous,) in milk and sauce, said she wished her child to die to keep her company. Continued suspicious and fearful, and had much cough and difficulty of breathing, while in the Asylum. After about a year she was removed by husband somewhat improved in mental condition, though the physical disease progressed.

CASE XLI.—Admitted July, 1866. Man, aged 31, married, two children, cabinet maker, temperate. After becoming insane he talked much upon subject of spiritualism, developed delusion that he was the medium of Jesus Christ, that he was filled with the Holy Ghost, said there were five persons in the town whom he was authorized to kill and bury, that he might afterward raise them from the dead and make them better. A few nights before he was sent to the Asylum, after retiring, got up, told his wife he was going to get a hammer with which to kill her, as one of the five persons. She escaped from the window to a neighboring house, whence he followed her in a state of great excitement, but was secured before inflicting any injury. He remained in the Asylum, some eight months in a maniacal condition. Was noisy, destructive and violent, and in this state broke out during the night and escaped.

CASE XLII.—Admitted October, 1866. Man, aged 50, married, no children, butcher, temperate. Seven years ago received severe fall, striking on back of head. Since that, at periods, complained of dizziness and pain in head. About a year before admission became manifestly insane. Developed delusions toward wife, said she had robbed and poisoned him, and was about to run away from him. Under the influence of these delusions he became violent toward her, and attempted to murder her by cutting her throat. In this he failed, as help was at hand. His violence continued as long as he was at home, and his delusions in regard to her controlled him as long as he remained under observation, more than one year. He was quiet, feeble in body and mind and died soon after his discharge.

CASE XLIII.—Admitted March, 1867. Man, aged 18, single, laborer, temperate. Fell from scaffolding to the ground, a distance of twenty feet, and became insane immediately thereafter. Had delusion that all his relatives were conspiring against him, attacked father, uncle, and aunt with an axe, and afterward talked calmly and deliberately of killing them as a duty. He became sleepless, destructive of clothing, obscene in speech, and after passing through an acutely maniacal attack, recovered in six months after admission.

CASE XLIV.—Admitted May, 1867. Man, aged 27, single, intemperate, paternal aunt insane. For many years patient had been a persistent masturbator, and the results of this habit were evident in his character and manners, he became shy of women, egotistic, absent minded and irritable. Four years before the homicide he charged his father with doing all he could to pull him down and injure him, because he was likely to surpass his father in ability. Some three years after this, the patient admitted his mind to be disordered, complained of low spirits, and inability to control his thoughts, and consulted a physician. He was advised to travel, went West, led a very irregular life, in drinking and sexual indulgence. He then returned to his home, and the same evening followed his father in the street and shot him. The ball passed through the neck, making a serious, though not fatal wound. He was arrested, and his insanity was so manifest that he was sent, without trial, to the Asylum, on the order of the County Judge. He remained in this Institution for two years, and was then transferred to the Asylum for Insane Criminals. During his whole stay in the Asylum he retained his delusions in regard to his father, and asserted that he was poisoning the food, the air, and having a baneful influence on the health of the whole ward. In speaking of the attempt to shoot his father, he says in a letter, "have learned that I completely severed the windpipe, this latter statement must necessarily be an equivalent for a speedy death, the death of *one of the greatest nuisances* that ever lived, to play with the mischievous tendencies of human nature, occasioning the horrors of the inquisition, lengthened interminably, *tampering with the mental and physical well being of communities through the subtle art of an able lawyer's brain educated in the deep mysteries of cruelty, demoniac in the extreme.*"

CASE XLV.—Admitted July, 1867. Woman, aged 52, ten children, temperate, hereditary, mother and maternal aunt insane.

This was the third attack of insanity patient had suffered from in ten years. For three years had been irregular in menstruation, lost blood profusely, and three weeks before admission complained of headaches, became sleepless, charged husband with infidelity, with disposition to poison her, ordered neighbors out of the house who came to visit, and smeared face with molasses, saying it was to draw out the poison. Insisted on having the dog buried alive, and all the hogs and salted pork burned up, to prevent poisoning the neighborhood. Threw the food prepared for the family into the fire, forbade their eating anything, and threatened to kill her husband. Asked him one day to go down cellar with her to examine the pork. Took a large knife with her, told him to look up to God and say he was innocent of putting poison in the pork. After he had done this she dashed at his throat with the knife. He jumped aside and thus escaped injury. Her conduct seemed entirely controlled by this delusion of being poisoned, was sleepless, and soon refused food, lost in strength and flesh, and was thin and feeble when admitted to the Asylum. She remained some ten months demented, and quiet, and was in this condition removed by her friends.

CASE XLVI.—Re-admitted February 1868. Man, aged 37, single, laborer, intemperate, had suffered from several attacks of acute mania, arising from the use of liquor, and occurring after a protracted debauch. Was first admitted two years previously and was then violent, destructive, sleepless and acutely maniacal. and had committed violence by knocking a woman on the head with a club. He soon became quiet and returned home, where he continued well till present attack. He drank to excess during the interval, and three weeks before second admission became maniacal, and threatened to kill various persons. He set fire to the house of his brother-in-law, whose family was asleep below and was aroused by the noise of the fire. His sister attempted to go up the stairs, when she was opposed by the patient who struck at her with an axe. This fortunately glanced off without inflicting serious injury. He was arrested, securely restrained and brought to the Asylum. He recovered after six months. Has since had another attack, and is now in the Asylum.

CASE XLVII.—Admitted September, 1868. Man, aged 66, married, no children, farmer, temperate, not hereditary. This was his second attack of insanity, had apparently recovered from the first, and became again insane some nine months before admis-

sion. His delusions were connected with his wife and neighbors, said they stole potatoes which he planted, and which did not come up, that they stole his hay and grain, flour, meat, bees, honey, &c. He also accused his neighbors of intercourse with his wife. Under this delusion he attempted to stab her, and attacked a neighbor with a pitchfork. He was quiet after admission to the Asylum, and in about eight months died of apoplexy.

CASE XLVIII.—Admitted November, 1868. Man, aged 37, married, five children, temperate, not hereditary, complained of severe headaches, lost flesh and sleep and became melancholic and depressed, at times refused food, entertained delusions that the priests in Germany wished to ruin him, and had secret agents in this country to accomplish this. Said he had lost his civil rights and was of no use in the world, was suspicious of his wife, that she was unfaithful to him, and attacked her with an axe; she parried the blow and escaped, though somewhat injured. On one occasion gutted his room, throwing everything out of the window, and wished to bury it all, said people were in pursuit of him and mistook the shadows of the trees in the moonlight, for persons, said stones in the street were laid there to annoy him. He once plunged into the river and was taken out in an insensible condition. He became a terror to his family, and on this account was brought to the Asylum. For a time he lost in flesh and strength, and was very feeble, but after a few months improved, and was allowed to go out to work, when he eloped. He remained quiet and comfortable, working regularly at his trade for a few months, when he was again disturbed. This time his delusions were more general, including all women, he abused his wife, threatened her life, attacked her with a knife. His wife and children fled the house. He also threatened other women and burned up \$15.00 worth of fractional currency, because he said there was a woman's head on it. His neighbors complained of him, and he was arrested, and returned to the Asylum. He remained for more than a year, when he was discharged, demented and harmless.

CASE XLIX.—Admitted May, 1869. Woman, aged 35, married, three children, temperate. Had suffered from an attack of insanity previously, among first indications of second attack was an attempt to drown her youngest child, an infant of six months, saying she wished to consecrate it to Bishop Hughes. After a few days she stripped herself and two children naked, and took a walk by the bank of the creek, but was induced to return home.

She became maniacal and violent, destroyed almost all the furniture of her house, crawled about the floor, crossing herself and calling upon Bishop Hughes. On her way to the Asylum, made persistent efforts to denude herself, and tore off much of her clothing. She refused food, was thin, feeble, teeth covered with sordes and tongue dry. She however gained rapidly in both mental and physical condition, and in about ten months was discharged, recovered.

CASE L.—Admitted June, 1869. Woman, aged 46, married, five children, temperate. Had attack of melancholia, with depressing delusions. Said her children would all get sick and die, and that all would die together within twenty-four hours. Soon after this seized one of her children, a daughter, and attempted to cut her throat, was prevented by others. Afterward she tried to dash her own brains out against a stone wall. She had an appreciation of her condition, and gave her own history. She was discharged after about nine months, in an improved condition.

CASE LI.—Admitted June, 1869. Woman, aged, 35, married, temperate. Had suffered from melancholia for more than a year, and was very much depressed, said she was tired of life and did not wish to leave her boy behind her. She attempted to kill him by cutting his throat, wound severe but not dangerous, then tried to cut her own throat, but desisted before she inflicted severe wounds. Within a month was brought to the Asylum, where she recognized her condition, and said that at the time she was insane. She was thin and anæmic, but regained her health, and in a few months was discharged recovered.

CASE LII.—Admitted August, 1869. Woman, aged 32, married, sixteen children, temperate. She became insane some four months before admission, was melancholic and depressed, attempted suicide, and also tried to smother her child, saying she was not worthy to bring up her children; was sleeping irregularly and eating sparingly. In about two months she regained her usual health and was discharged, recovered.

CASE LIII.—Admitted December, 1869. Man, age 72, married, eight children, farmer, temperate. Had been insane for more than two years. He was at first uneasy and discontented, and afterwards irritable and fault finding, and developed the delusions that his family were trying to poison him and wanted to kill him. In-

fluenced by this delusion, he several times threatened to kill his family, and on one occasion attempted to take the life of his wife by striking her with a club. He was discharged after a few months demented and harmless.

CASE LIV.—Admitted March, 1870. Man, aged 63, married, four children, farmer, temperate. Was a hard-working, respected citizen; about eighteen months before had an attack of typhoid fever, and six months thereafter, while convalescing, became insane. He was controlled by the delusion that his wife was unfaithful to him, and demanded she should acknowledge this and beg his pardon. To induce her to do it, he swore at, threatened, and finally abused her. He was taken to the County Asylum, from which he broke out, caught a horse, and with only a halter, drove home, some six miles. The day was severely cold, and he froze his hands and was much chilled. He became violent toward his wife, and attacked her with a hatchet. She escaped from him, and he was immediately arrested and brought to the Asylum. Was gloomy and depressed, fearful he would lose all his property. He regained his health rapidly, and was discharged, recovered, after about six months treatment.

CASE LV.—Admitted December, 1870. Man, aged 58, married, six children, carpenter, temperate. For some four years a change was noticed in his disposition, he became morose and irritable. This gradually increased, and about two years before admission he developed delusions in regard to his wife, was jealous of her, said she had been unfaithful to him, and the children were not his, but belonged to some other man. Told her friends she was a bad woman, and had slept with her father. His son returned home after a somewhat protracted absence, and the father accused him of having come to poison him and ordered him out of the house. Upon his refusal to go he seized an axe and made an attack upon him. The son evaded the blow which took effect upon the arm of a little daughter, injuring it severely. Before the papers for sending him to the Asylum were made out he made a second attack upon his wife and son, with a poker and knife. Did no injury however. Patient remained in the Asylum some three months, when he was discharged, improved.

CASE LVI.—Admitted August, 1871. Woman, aged, 46, married, housekeeper, one child, temperate, father insane, and husband feeble-minded. Patient was a nervous, excitable woman, had

been married some five years, and had a child of nearly three years of age. About eight months before admission, first change was noted. She was called a "little flighty," and from this condition became gloomy and melancholic; said she was ruined in character, and that everything was lost. This delusion fully controlled her, and under the influence of it she attempted to strangle her child with an elastic. It was decided to bring her to the Asylum, but while the papers were being prepared she eluded vigilance, and with a knife, cut off her left hand at the wrist. She lost much blood, became reduced, feeble and anæmic. She afterward refused food, was noisy and sleepless, and at times frenzied. Under tonic and supporting treatment she improved, and after one year was discharged, recovered.

CASE LVII.—Admitted August, 1871. Man, aged 27, married, no children, machinist, native of Ireland, intemperate. For two weeks had been losing sleep, and been troubled with noises in his ears. Soon after, entertained delusions that he was being poisoned, that medicine was given him to make him crazy, that friends intended to injure him, and went to a hotel to lodge. A few days before admission, attacked his wife under the delusion that she hated him and loved another. Stabbed her in both arms and in the abdomen, inflicting severe wounds. A homicide was prevented by the interference of a brother. He then attempted to cut his own throat, and when admitted had a large suppurating wound in right side of neck. In the struggle to prevent his committing suicide, cut his hand severely. In the Asylum he was very melancholic, refusing food and opposing care. Regained flesh and strength, but retained delusion in regard to friends for some months. He, however, fully recovered in about two years, and was so discharged; he continued well, till the spring of 1875, when he had another attack. This was marked as the other one, by delusions of the infidelity of his wife, and improper intimacy with his brother. He became talkative, excitable, and began breaking glass and crockery in the house. Friends gave the alarm and he was arrested by the police, and conveyed to the station house, whence he was brought to the Asylum, where he now is, improving favorably.

CASE LVIII.—Admitted October, 1871. Man, aged 29, single, laborer, intemperate. Was working in a saw mill. Went on a drinking bout, became intoxicated, returned to the mill, was troublesome, and being recognized as a dangerous man when

drunk, was ordered away, and told not to come again. He came the next day, and refused to leave. An attempt was made to eject him, when he drew a knife and stabbed a man. Another one knocked patient down with a club, when he was arrested and lodged in jail. After some three weeks he complained of being sick, became morose, and shortly after destructive of furniture and clothing, refused food, and at times for a week ate nothing, did not converse for days together, complained of pain in his head and a sense of weight at vertex. About three months after commitment to jail was brought to the Asylum, on a criminal order. He was thin, face deeply congested, reticent for a period, then became talkative, repeating same question, demanding to go home, was foolish in his movements and conduct, restless, walking about all the time, was then destructive of clothing, careless in dress, and subsequently entertained the most marked delusions, that he was the Holy Ghost and the only true Son of God, and was worth \$17,000, that his room was entered at night, and his person improperly handled. These and other delusions controlled him, during his stay in the Asylum, for somewhat more than two years. He was then transferred to the Asylum for Insane Criminals.

CASE LIX.—Admitted June, 1872. Man, aged 25, single, farm laborer, temperate, father and maternal aunt insane. Was precocious as a boy, and physicians advised against his going to school, or applying himself to studies. He suffered much from neuralgia, and for some three years before admission, had given evidence of mental disturbance, was talkative and excitable, especially in religious meetings, which he attended very regularly, and read the Bible almost constantly, trying as he said to commit it to memory. Was irrational in speech and conduct, swimming his horse in the river, and running it through the streets, and attracting attention of people by his peculiar actions. He gradually became more disturbed, for some two months was sleepless and suspicious, at last entertained the delusion that his parents intended to put a sewing girl, who was working in the house, into his room to sleep with him. He obtained a loaded gun and pistol, barricaded the door of his room with the bedstead, and fastened himself in with ropes and sticks. When his friends attempted to force the door, he fired four shots of his revolver at them, but finding opposition useless, threw on his clothing, and attempted to jump from the window. He however was prevented, arrested, placed in irons, and soon after brought to the Asylum. He has remained

here ever since, been quiet, orderly, and industrious, but retains his delusion, and refuses to go home with his friends.

CASE LX.—Admitted April, 1873. Man, aged 45, single, farmer, temperate, was very deaf. Patient lost sleep in the care of his father, who was ill and subsequently died. About four weeks before admission, became gloomy and disturbed; was very talkative and suicidal, attempted to cut his throat and to hang himself. He was closely watched but not restrained till after the attack upon his uncles, with whom he lived. He seized a hatchet and struck one on the back of the neck, and the other on the forehead, making ugly wounds. From this time, for some two weeks, was restrained by being tied with ropes. He improved in the Asylum, and after one year was discharged, recovered.

CASE LXI.—Admitted July, 1873. Man, aged 28, married, farmer, temperate. Patient was a soldier in the late war, and while in the service, suffered from rheumatism and chronic diarrhœa, and never regained former good health. He read and studied the Bible a great deal, as the embodiment of the higher law, and upon this study based his claim to being an educated and superior lawyer. For three or four years had entertained this delusion, and during this time had neglected his legitimate work, claiming he was fully engaged in legal business. He went about talking to people of legal matters, and serving papers upon various persons of an incoherent and peculiar character, much to their annoyance. Was recognized by people generally as a lunatic. He attended an auction, and having bid off some articles, gave his note for them, which was worthless. The patient was about to take possession of them, but being opposed by the owner, attacked choked, and upon his attempting to escape, fired at him with a revolver. For this he was arrested, placed in jail, where he was noisy and sleepless, and thence brought to the Asylum, on a criminal order. He had exalted delusions of his own power, asserted he had direct communication with God, was noisy at night, talkative, and refused medicine, and at times food. After about six months he was transferred to the Asylum for Insane Criminals.

CASE LXII.—Admitted July, 1873. Man, aged 29, single, harnessmaker, temperate. Had the reputation of being a quiet, industrious and orderly man. His insanity had not been generally recognized, prior to his arrest for shooting at his room-mate. This occurred one evening, and was without provocation. Patient had

some words with him, and upon receiving a reply which he considered sarcastic, drew a pistol and shot at him. He was tried and acquitted on the evidence of his friend that he was not in his right mind, that he was suspicious, said people pointed at him and talked about him, and that he had considered him dangerous for some days before the shooting. He was pronounced insane and sent to the Asylum upon a criminal order. Here he was reticent and seclusive, could not be led into any lengthy conversation, and presented the appearance of chronic insanity. There was no change in his condition, and after six months he was transferred to the Asylum for the Criminal Insane.

CASE LXIII.—Admitted August, 1873. Man, aged 30, single, shoemaker, native of France, intemperate. Patient had been in this country but a short time and nothing was known of his previous history. He set on fire a house which he had rented, and while in the burning building resisted arrest, assaulted the officers with a hammer, and was furiously maniacal. He was captured and taken to the County House, whence he was brought to the Asylum. He continued noisy and maniacal during his whole residence here of eighteen months, when he was transferred to another asylum.

CASE LXIV.—Re-admitted April, 1874. Man, aged 46, married, four children, shoemaker, used liquor and tobacco to excess. Patient was discharged from the Asylum recovered, about six months before present admission. On his return home renewed former excesses, became insane, threatened to kill his wife, and tried to drown one of his children in a cistern. Afterward he set fire to some books and papers in his attempt to burn his house, and also tried to drown himself. When arrested opposed officers with a pair of tongs. Was brought to the Asylum. Here he continued noisy and maniacal, careless in habits, talkative, mistaking identity of people, for some weeks, when he became quiet and improved in condition. After a short time he relapsed and passed again into a maniacal state, but is now quiet and orderly though still insane.

CASE LXV.—Admitted May, 1874. Man, aged 21, single, farmer, hereditary, paternal aunt insane, temperate. Had been a hard working young man, of good habits, and made no complaint of illness. The first indication of insanity, was in his following a neighbor home from church, saying some one was going to kill him, and he was

afraid to go home. He, however, upon the solicitation of his neighbor, went home, where he packed his clothing, went into the fields, and remained out over night. He returned home, but at the same time, asserted his fear of injury from his father. On the following Thursday, he became noisy, excited, and maniacal, and then attacked his mother with a chair. The father interfered and received several severe blows on the head. His brothers prevented a more serious injury, and restrained the patient by tying him on the bed. He was kept restrained, till brought to the Asylum. Here he asserted he had been dizzy, and lost sleep for the week previous; that he thought his mother was going to poison him, and that his father was going to kill him. He passed through an attack of acute mania, which was characterized by suspicious, and violent conduct toward attendants. He is now in the Asylum, quiet and demented.

CASE LXVI.—Admitted August, 1874. Man, aged 56, married, five children, laborer, intemperate. He had borne the reputation of being an intemperate, vicious man, and had spent the season in the County House; was arrested, wandering about the streets in a drunken condition, and placed in jail. Here he developed delusions, regarding the chastity of his wife, became maniacal and violent in threats and actions, and fractured the skull of his keeper, by throwing a heavy padlock at him. He was sent to the County Asylum as an insane man, where he was violent in speech and action, and made homicidal attacks upon his keeper; thence he was committed to the Asylum at Utica. After admission said he tried to kill the keeper because he was violating the chastity of his wife, in an adjoining room. He soon developed delusions of wealth and power, presented the marked physical characteristics of paresis, gradually failed, and died in about six months.

CASE LXVII.—Admitted December, 1874. Man, colored, aged 35, widower, barber. Is a heavy, strong man, and has been insane for more than three years, and during this time has been in several jails, committed for exposure of person and like offenses. He says his business has been "subduing evil," that he has been trying to subdue the world, that he never killed any one directly, but that he had subdued evil, and the subject died, that he owns all the money in the world. While in jail he was strongly homicidal, and under the influence of delusions given above, made violent and

furious attacks upon his keepers, on one occasion when arrested, with a sled stake, again, while in jail, with a slat from his bedstead, at other times with his fists. He inspired such fear that though handcuffed, for days, no one dare approach him. When arraigned for exposure of person, was found to be insane and sent to Asylum, brought by sheriff in shackles and handcuffs. Since admission has been at times violent, under control of same delusions, but has been watched too closely to permit of any serious injury to others. He is still in the Asylum.

ON THE VICARIOUS FUNCTION OF THE CEREBRAL
HEMISPHERES AND CONVOLUTIONS, CONSIDERED
IN RELATION TO UNILATERAL WOUNDS OF
THE HEAD AND INSANITY.

BY C. H. HUGHES, M. D.

Former Superintendent and Physician Missouri State Lunatic Asylum.

Among the insane, the delusion of double personality is much less common than the loss of self identity, and the delusion of metamorphosis into some other person, or possession by some spiritual or superhuman influence or power. The lunatic often imagines himself transformed into God, angel, devil, or into some earthly hero, potentate, sage, or other character, but seldom fancies himself more than one of these characters at once. He generally has a name and a mission ; as Christ he is the "Savior of the World" and the "Prince of Peace," as the Archangel Gabriel, he leads the angelic hosts, and ministers comfort and sympathy to his fellow patients, whom he is usually consistent enough to imagine, when in the height of his delusional exaltation, to be winged denizens of heaven, or in the name of his satanic majesty, he is full of suggestions of evil, making mischief in an infinite variety of ways, and "raising the devil," as the attendants sometimes say "in the hospital."

In the character of a Wellington, a Napoleon, or a Socrates, he passes his time in re-enacting imaginary history ; unconsciously to him, time is rolled backward in its flight, and amid the scenes of other days, before ever he was brought forth, he enacts in *propria persona* these or other similar characters, long passed from life's stage.

Singularly inconsistent, the millionaire, monarch, by reason of his money, "of all he surveys," blandly begs a chew of tobacco instead of commanding some one among his retinue of servants to procure him the desired narcotic, and the Savior of the World, who but a moment before has asserted that he compassionately died for your sins, joins the man of money in soliciting a "bit of the weed," and forgetting his fancied divinity, lustily damns you after the manner of the most profane of mortals, for your polite refusal to violate the rule of the hospital. The "Iron Duke" and the "Little Corporal" forget the haughty demeanor which they assume as characteristic of these great personages and condescendingly fraternize for a small personal favor, or coveted trinket, and the philosophic and sedate husband of Xantippe, will demonstrate the truth that,

"A little nonsense now and then
Is relished by the wisest men,"

in a lunatic asylum as well as in the world without, which denominates itself wholly *compos mentis*.

You may see devil and duke, heathen sage and christian philosopher, seated around a common table, quietly engaged, like ordinary mortals, or rather more quietly than ordinary mortals, in common games of cards, dominoes, checkers, &c., and the poet, who in his insanest transport despises filthy lucre, or the warrior ceasing "for the nonce to fight his battles o'er," stoop to take a hand and conquer, if possible, in the same game, or to bet imaginary ducats, doubloons or greenbacks on their favorite player, deciding sometimes whom to venture their money on, after ascertaining the one who beats. But with all the inconsistencies and vagaries which usually characterize the insane, who possess delusions, the rarest of all is for the patient to regard himself as two distinct persons at one and the same time. An in-

teresting case of this kind was reported by Dr. Joffe, to the Society for Psychiatry and forensic Psychology in Vienna, in 1870, and appears in the *Journal of Psychological Medicine*, for July of same year, occupying much more space than we here give it. He was a married man, aged 53, healthy in childhood and youth, in manhood had headache and giddiness, was a soldier fourteen years; in encounters with smugglers, received several cuts in the head. His temper was irascible, he was fond of drink, had hæmorrhoids and constipation for ten years. Disposition serious. His memory failing, he became unfit for service and was discharged in 1861. His pecuniary circumstances caused him great anxiety, and in the same year, (1861,) he exhibited unmistakable signs of mental disturbance. He continually employed the expression "we"—"we will go,"—"we will run,"—"we will do it," etc. The "other" man pulled his ear, plucked his arm, etc. His left arm had spasmodic twitchings. He invited himself to dine with his sister, saying that the "other man" compelled him to be her guest. While eating he said, "I have eaten enough, but the other has not." After the meal he ran out of the house, when arrested, said "the other" was to blame, he was doing what he could to make him stop. Tried to murder a child, assigning a similar cause for the attempt. He rolled into the gutter, thinking he was wrestling with "the other," and finally attempted to commit suicide, imagining he was killing "the other." This brought him to the hospital. The conformation of head was normal, pupils contracted unequally, re-action to light in both limited. Hearing normal, but saw small animals, insects, etc., with left eye, and vision dim in right eye. Tearing pains in left ear and side of face. Physiognomy anxious and expression of suffering. Skin dry

and temperature, and sensibility of body natural. Pulse seventy-eight. Reflex movement to tickling soles of feet prompt. No digestive trouble.

The "other" person was in his left side, under his skin. He called himself the right D—— (D—— was his name,) the left D—— was a rascal and caused all his misfortunes. He sometimes presented the picture of anxiety, dripping with sweat, and holding fast his shirt with both hands, in order as he said, to make himself stop. He had violent impulses to motion, lasting an hour or two, occurring several times in the course of six weeks, which were probably epileptic or epileptoid seizures. After conversing sometime, long enough probably to weary and morbidly disturb the sound hemisphere, his ideas grew confused, and it was impossible to gather any sense from what he said.

He died of dysentery, and during the progress of the disease had no apparent delusions. "The autopsy revealed a thickened dura mater. On the left side of the falx, there was a lamina of bone half an inch long and a quarter of an inch broad. Inner coats of the brain along the course of the vessels were opaque, infiltrated with serum; their veins quite full. Convolutions of the anterior lobes, especially the left lobe, very much thinned on the convexity—*left anterior lobe*, half an inch shorter than the right. Anterior half of ventricle of this side was adherent and hard. Optic thalamus and corpus striatum atrophied—especially the latter. Brain moist, anæmic, tough. Ependyma of the lateral ventricles thickened and granulated, corresponding to the thinned convolutions of the anterior lobe. The cortex was thinned, and the adjacent medulla was indurated to the touch."

Dr. Joffe conjectured that "the striking difference in the condition of the two hemispheres was doubtless a

chief cause in the production of this delusion." But such an explanation does not amount to conclusive demonstration, in view of the now pretty conclusively established fact, that "the mental faculties have been known to be unaffected, where one of the hemispheres was considerably atrophied,"* and otherwise diseased, a single hemisphere sufficing for the intellectual operations. The mind in such cases, not acting insanely, but only with less vigor, and sooner becoming wearied. The mental force of a single hemisphere is the same in kind, as the force developed by the two lobes of the cerebrum.

The fact, however, that one part of this dual lunatic, (the right D——) was always right, and the left D—— the side of the most diseased was always the source of trouble, would seem to add confirmation to the supposition that the hemispheres perform a vicarious function, as we have seen in the cases of injury to one side of the head, as in the case of P. P. Gage, related by Dr. Harlow, of Maine, about twenty years ago, and other similar cases, collected and reported in our standard works on Surgery.

Wigan asserted the duality of the mind in 1844, and Holland and Brown-Sequard and others have since maintained that the brain was a double organ. Griesinger conjectured, that "in the normal state the two hemispheres acted by turns, or that the mental effort is divided between them."

We do not naturally think double, as Wigan maintained, because we have two hemispheres* to the brain, any more than we habitually see double, because we have two eyes or hear double, because we have two ears, or breath double, because we have two lungs.

Griesinger mentions a "case of melancholia with ideas of persecution and attempts at suicide, when the

* Greisinger, Cruvilhier and others.

individual was conscious of the fact and declared that he was insane only on one side of the head."

I had under treatment a patient, I. P. M., still in the Asylum at Fulton, Mo., who, in the early stage of his disorder, before he had passed into a condition resembling dementia, insisted that he had two brains, which were the seat of intellection; that one of them, his anterior brain, as he called it, was continually urging him to do evil, (Wigan's idea, though he never read this author,) and that it was all the other brain could do to restrain him from yielding to the control of the bad organ; in fact the bad organ got the better of him, to such an extent at one time, that he attempted to injure the writer with a scrub-brush. He complained of frontal headache a good deal, and was addicted to constant masturbation. His insanity was the result of irregular life, exposure and typhoid fever during the war, and perhaps masturbation, but of this I am not certain, as this vice is often the result, as well as the cause of insanity. At times he would talk rationally and lamentingly of his misfortune in thus being subjected to a dual government of his head, as a sane man would of any physical misfortune *ex capitis*. He finally became quiet, indifferent about his evil brain as well as his person and surroundings, and lapsed into a state of dementia. The headache of which he complained was rather an uneasy sensation in one of the anterior cerebral lobes, and he asked me several times if I could not operate upon him and relieve him. He never had any cranial injury. He was not very clear as to how he came in possession of a good and evil mind and a brain for each, two distinct mental organs with antagonizing functions. He was conscious of the fact and we could not persuade him that a part of his brain was probably diseased. We reasoned against

conscious impression, and it is as futile to attempt to reason an insane, as a sane man, out of the attestations of consciousness. To both the sane and the insane, these are often higher law than the conclusions of logic, resting upon the same basis in the mind as the evidence of the senses. Delusions are the false attestations of a consciousness disordered by disease. There was nothing perceptibly abnormal about the patient, except his mentality, and a general sluggishness in the performance of all his physical functions, and this fact saves us and you the infliction of a tedious detail of morbid physical minutiae. He was twenty-five years of age and unmarried.

Insanity, whether its manifestations are single, dual or multifarious, is due to structural lesion or other morbid involvement of the free surfaces, possibly also of the ventricles* of the brain, (though I doubt whether any mentality resides on the ventricular walls) and generally, so far as post mortem demonstrations enlighten us, we find more or less morbid implication of both sides of the cerebrum. It is when both sides of the brain are thus implicated that the mind fails to discover that something is wrong in the head, and I think we shall yet find, that conscious insanity, which we sometimes see in our asylums, is due to morbid implication of one hemisphere principally, and but slight involvement of the other, not more oftentimes, than a slightly, and temporarily disturbed circulation. The same is probably true of incipient insanity, during the initiatory stage, or "the period of incubation" as

*Dr. Malinverni, Prof. of Pathological Anatomy at Turin, gives a detailed description of the brain of a man forty years of age, who died of a gastro-enteric affection. During life he had never exhibited any deficiency or perversion of intellect, and yet after death, the corpus collosum and septum lucidum were found to be entirely absent.—*Med. and Surg. Reporter*, October 24th 1874.

authors have termed it, when the patient first begins to feel, and to say, that something is wrong with his head. We may reasonably suppose that, in this stage, the disease exists on but one side, and has not yet involved the other. The periodic or recurrent forms of insanity, are perhaps best explained, by supposing the brain to be structurally sound on one side, and disordered throughout its whole circulation only during the paroxysm of maniacal excitement.

As there are, beyond doubt, circumscribed centers of muscular movement in the cerebral cortex, as well as in that of the cerebellum, as demonstrated by the experiments of DuBois Raymond, Fritsch, Hitzig, Ferrier, Bartholow and others, so the existence of ideational and emotional centers in the hemispheres and convolutions of the cerebrum, may be believed in, as embraced in the original, but crude conception of a system of phrenology by Gall, subsequently improved by Spurzheim, and maintained by some writers on insanity as true in theory, though not in the minute details of the craniologist. This view thus far sustained, or at least uncontroverted by Hitzig, Ray, Maudsley, and others, and by the post mortem micro-photographic examinations of the brain, by Dr. Gray and others, and in many cases of ante mortem morbid cerebral phenomena, we may now accept as a true principle of mental science. Ideational and emotional centers are as reasonable, if not yet as fully demonstrable, as motor centers.

The assumed existence of duplicate ideational and emotional centers, as well as duplicate hemispheres of the cerebrum, occupying corresponding convolutions on opposite sides of the brain, enables us to frame a more satisfactory explanation of the ideational, emotional and impulsive phenomena, than could be constructed upon any other fact or supposition connected with the physiology of the brain.

The homicidal, suicidal and other insane impulses, as well as the delusions, hallucinations and illusions of the mind, doubtless have as much a local habitation as the discharging lesions of epilepsy, chorea and convulsions, or the phenomena of hemiplegia, aphasia and other forms of paralysis. Though we can not yet precisely locate aphasia, certainly not in the third left convolution of the cerebrum, as this has been destroyed without loss of speech. Dr. Wicks found the central ganglia involved in morbid lesion, in all the cases he examined,* as in hemiplegia, and we do know that the posterior lobes and convolutions are not implicated in this affection, and that the primary seat of epilepsy is in the gray matter of the hemispheres, near the *corpus striatum* as maintained by Ferrier, Hughlings Jackson, and recently confirmed by Dr. Bartholow of Cincinnati, in his experiment on the living human subject.†

If in the case first mentioned, the brain lesion had not extended to the right side in any degree whatever; if neither morbid condition of structure, or sympathetic abnormality of circulation existed; if there was no hyperæmia, no vaso-motor paralysis, in short if there was nothing to cause abnormal action in the other side of the brain, it is probable that the patient would have known that his impressions were normal, and realized that "the other" individual, which so harrassed and annoyed him, was but the creation of a disordered fancy, existing only as the result of disease, but so profound a lesion could scarcely exist in one hemisphere without implicating the other in structural lesion or morbid vascularity. There might have

* Guy's Hosp. Rep. Vol. XII, p. 174, 1868.

† Experimental Investigations in the Functions of the Brain, by Robert Bartholow, Prof. etc., Med. Col. Ohio. *American Journal Med. Science*, April, 1874.

been very great involvement of the centrum ovale, which behaves sometimes, as Griesinger observes, under morbid involvement, "as though it had no function whatever," along with superficial and ventricular injury of the right side, and yet the man have escaped the delusion that he was two beings.

The accumulated mass of astonishing facts in connection with profound brain injury involving one side of the encephalon, and the persistence of life, with oftentimes no appreciable lesion of the intellect, leaves only this explanation by which to harmonize the facts and resultant phenomena, namely, the most complete mental power possible to an individual depends upon the integrity of the free surfaces of the cerebrum. The functions of the hemispheres are vicarious, and probably the functions of the convolutions of opposite hemispheres, just as the motor functions, are crossed. An injury of the brain may implicate both the centrum ovale and gray matter of one side, modifying mental power only in degree, but not necessarily in kind; abridging the power of mental continence, so that the mind soon becomes fatigued.

When unconscious insanity—that is insanity of which the patient is unconscious—being the ordinary form of the disease—results, both sides of the brain are involved in morbid action or change of structure. Conscious insanity is due to entire or almost entire soundness at times of one hemisphere, or corresponding convolution on the opposite side, so that enough healthy brain structure remains free from sympathetic irritation or congestive involvement on one side, and perhaps in convolutions of the affected side, to recognize the fact of deranged mental action, and to lead to attempts at self-restraint. The recent experiments in faradization of different parts of the brain are not antago-

nistic to this view, and the case of Mary Rafferty, before alluded to, experimented on and reported by Dr. Bartholow of Cincinnati, is not opposed to the position we have taken—the principal, if not the only lesion in her case involving the substance of her brain, was probably in the left side. The post mortem revealed “a thick layer of yellowish white exudation, overlying left posterior lobe, and extending downward on the left side of the falx. There were no products of this kind on the right side. Mary was rather feeble-minded, but returned correct replies to all questions,” and gave a correct history of her case.

Every man of large surgical experience has encountered one or more such cases, in which recovery has taken place, without mental aberration, when he anticipated nothing else but the death of his patient.

When we see these cases in the lunatic asylums, as we not infrequently do, after years have passed by, since the reception of the injury, and complete recovery from all the immediate consequences has taken place, the insanity results usually from a hyperæmia or disturbed state of the cerebral circulation, due to the injury only as a predisposing cause, and dependent upon cerebral irritation from some other source as exciting cause of the deranged mental action. Intemperance in alcoholic beverages, opium, tobacco and other agencies which unfavorably influence the heart's action, and disturb the circulation—and moderation is sometimes intemperate excess in these cases—the poison of constitutional syphilis, malarial and contagious fevers, the intemperate use of anæsthetics, intense mental strain of immoderate ambition, and the reaction of disappointment in love, politics, business or the professions, often prove too much for a brain, which like any other, once seriously injured vital organ, should be somewhat favored in after life.

The mind of the patient carries the fractured limb in the splints of caution, long after the surgeon has removed the appliances of his art, but the man who has received a mental wound, which may have healed, but left forever a cerebral scar, oftentimes forgets the nature of his injury, and attempts feats of mind which put the brain in a fit condition for the engendering of insanity, even when exempt from traumatic predisposition or hereditary tendency.

When a man has once been *hors du combat* in the battle of life from a brain injury, either so as to have to go to an insane asylum, or so as to have to undergo rest and seclusion and medical treatment for a time, he should re-enter upon the duties of life, bearing in mind, that he has not the full power of resistance to the invasion of cerebral disease, which he might otherwise possess. His mind may be restored, but its continual preservation requires more care and prudence on his part, than if he had never been so unfortunate as to have been injured. He will pay the penalty of folly and violation of nature's physical or moral laws in disordered mind, sooner than his more fortunate fellow.

These injuries augment the chances in favor of insanity in case of cerebral hyperæmia from any cause, as we have said, and are sometimes the beginning of obscure chronic lesions ending in mental derangement, but they do not compromise mentality at the time, so long as the cerebral circulation is maintained in equilibrium throughout the brain, and one side remains perfectly sound. Like hernia, the patient by exercising proper care, may go to the grave with it, and be none the worse through life, for having received the injury. Very many such persons never die of either epilepsy, insanity, or apoplexy, though they sometimes consult us for fullness in the head and apoplectic threatenings.

In these cases, as a great American Surgeon (Gross) truly says, "the mind is not necessarily affected." Large quantities of cerebral substance, as he and others have observed may be lost, and yet the patient make a most excellent recovery. And this is the experience of an humble observer, but one no less confident that he utters a fact of experience.*

Read before the Association of Medical Superintendents of American Institutions for the Insane, at the annual meeting, held in Auburn, May, 1875.

ADDENDA.—The following interesting case, furnished by Dr. Landor, of the London, Ontario, Asylum, since the paper was read, is deemed of sufficient value to have a place here. The writer would be glad to have histories of other similar cases.

LONDON, ONTARIO, JULY 8th.

MY DEAR HUGHES:

On taxing my memory for particulars of the duality case I had under my care, I find that it was in 1850, I first saw the patient, who was a gentleman about 35 years old. He would carry on conversation with an imaginary person inside him, but only one branch of the conversation was spoken aloud. The answers of the double were never uttered, but their tenor could be imagined by the increasing anger and vehemence he exhibited; while the foulest language, and abuse were uttered and addressed to the double, in the second person. I interfered to pacify him often, but it was curious to see that no effect was produced, because he always insisted that I did not and could not hear the insults he suffered under. The quarrel always ended in blows delivered with the full swing of his right arm on to his left face, eye, and nose. "There sir, take that," what "you wont hold your tongue, there's more for you," until the blood streamed down his face, and his

*The cases of unilateral wounds collected, were omitted to abbreviate the paper, and because many of them are familiar to the reader. For the same reason some of Wigan's cases, cited by him to establish his theory of the duality of the *mind* are left out.—C. H. H.

tears ran over with the pain. After the lapse of four or five years this mode of punishing himself ceased, but the conversations did not. I suppose he had either hushed the double into order, or found out that he got the worst of it. He became a very dirty patient, but always insisted that he was a clean and polished gentleman, and that the fellow inside was a dirty, uncultivated beast. He became such a nuisance to the other patients that I requested his relations to remove him elsewhere, and so lost sight of him. It is so long since he was under my care that I can not remember more, nor any thing of his symptoms, such as pulse, eye, or other physical signs. Only the peculiarities are impressed on my memory.

I am of opinion that cases of disordered mind like the above are hardly fair cases of duality. If there were on record any cases where the two veins of thought went on simultaneously and tried each to command the organ of utterance, thrusting each other out of the use of that organ, or cases of confusion of thought such as we see in insanity and that the confusion could be traced to the operation of both hemispheres which had lost the control of the will to guide the predominant hemisphere and silence the other; here I think there would be proof of duality, each hemisphere pursuing its independent course of thought. Can ordinary insanity, where the patient wanders from one subject to the other, be produced by any such disorder of both hemispheres and want of will power to guide them? If you can fix any facts, coupled with post mortem changes, then you will do much to produce conviction.

I am yours truly,

HENRY LANDOR.

NEW CEREBRO-PSYCHICAL DISEASES.*

BY DR. W. A. F. BROWNE,

Ex-commissioner in Lunacy for Scotland.

It is said that about forty years ago a celebrated English physician uttered the bull, "I discovered cholera and communicated it to the public." But, although about to speak to you of new forms of disease, I am not about to open a Pandora's-box for the benefit of our society, nor do I pretend to be a discoverer of new truths, nor a painter of sensational narratives. My sole object is to introduce to your notice certain affections of the nervous system which have specially engaged the attention of members of my department during the present century. These additions to nosology have not been created by the differentiation into species of well-known maladies, but are constituted by new combinations of symptoms and undescribed pathological conditions, involving large numbers of the human race. A similar task has been from time to time performed by others. By consulting any History of Medicine, especially that by Bostock, appended to "Cyclopædia of Practical Medicine," it will be found that the plague is supposed to have appeared in Europe about 1200. Measles and small pox were noticed so early as A. D. 500, and the sudor anglicanus, hooping-cough, leprosy and scurvy created great alarm in the fifteenth century, in the public and medical mind, but had, in all probability, a much earlier origin. Syphilis again was conceived to have been imported by Colum-

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bus or some other navigator, towards the close of the fifteenth century. It is possible, I conceive, to determine more precisely the periods at which the new diseases, of which I am about to speak, first appeared, or were at least first observed.

GENERAL PARALYSIS OF THE INSANE.

It would be difficult to rest satisfied with the belief that, whatever may be its cause, general paralysis did not exist until about fifty years ago, or that it had entirely escaped the cognizance of physicians, general and special, yet it is certain, that on examining the works left by Pinel and his predecessors, it is impossible to discover any monographic description of this frightful affliction, now so readily detected and diagnosed; although these distinguished men had, for long periods, access to all the experience afforded in Asylums for the Insane. It is true that allusions may be found to the monomania of pride and ambition, and paralysis in alienation, but the combination of such factors, which forms the gravamina of this fatal affection, is not mentioned. It is equally certain, that until 1822 no published record upon the subject had appeared, when M. Bayle wrote his treatise on "Meningite Chronique," although he had seen cases so early as 1818, when a medical assistant in Charenton. In 1826, there appeared the valuable monograph "Sur La Paralyse des Aliénés," by the distinguished Calmiel, who still lives to enjoy the rewards and honors of a noble and useful career. I saw the disease in Paris in 1832, but did not recognize it in this country until 1839. In 1843 it was detected by Dr. Luther Bell, in America, which suggests, either that there is a vast increase in the number of cases, or that we observe more narrowly and accurately,

seeing that general paralysis is one of the most frequent and most formidable features in our hospitals. It is still rare in our highlands, in Italy, and, comparatively so in America. Calmiel's essay was fertile and exhaustive, but, since his day, what was held to be one and indivisible, is now known to be multiform, and latent or acute, chronic, expansive, and depressive varieties have been recognized. Here it is only expedient to detail those peculiar or pathognomonic symptoms which are characteristic. It rarely attacks before twenty-five; it rarely attacks females—originally they were supposed to be exempted from its inroads. Calmiel gives one female in fifty cases; Esquirol fourteen in 123; Gray of Utica, 21 in 306 cases under his own observation; Bucknill and Burman, in 2,000 male lunatics, found 300 general paralytics; while in 2,000 cases of female lunatics sixty-five were general paralytics. I have never been able to convince myself of the presence of the disease in the female. The incursion has been attributed by most authors to intemperance, luxury, excess; but there is now reason to think that excitement of any kind, whether the stimulus be moral or physical; that even any of the acknowledged causes of ordinary insanity, may eventuate in this species of degeneracy. The premonitory symptoms are generally great elevation of spirits, a trembling tongue and lip, a slipping or shuffling step, impaired articulation, and thoughts, hopes, or visions of wealth or power. The exaggeration of these prodromata into a restlessness, resembling that of intoxication; general tremor and uncertain muscular volition, involving all muscles; and of course greater unsteadiness of gait, defects in oral speech, forgetfulness of classes of words, grammar, even spelling, and loss of facial expression; and into exuberant, incoherent, and inerradicable delusions as

to riches, rank, personal prowess, &c., may be stated as characteristic of what is met with in general practice, while, over the comatose, the convulsive and closing scenes, where seclusion has been resorted to, we may properly draw a veil. Voisin has recently attempted to connect such morbid modifications of speech with special lesions as follows: First, stuttering, hesitation, drawling, forgetfulness of words, &c., with infiltration of the gray matter of the anterior convolutions, as involving intellect and will: Second, jabbering, stammering, &c., with the medulla oblongata; and third, mutism, with paralysis of the tongue and pharynx—but such pathology is at once premature and non-exhaustive. There has been great difference of opinion as to the succession in which these symptoms are developed, but, perhaps an early and minute scrutiny might prove that they are in origin, though not in degree, simultaneous, that unfounded notions of aggrandizement may accompany the lisp or the stutter, as well as when the prostrate moribund sufferer is proclaiming in almost unintelligible language his supreme or divine attributes. While optimism and paralysis of all classes of muscles, with the exception of those of the trunk, may be elected as defining the malady, there are many indications of unhealth which may be grouped around these. Among these may be enumerated insensibility to suffering, sorrow, discomfort, irregularity of pupils, cerebral congestions, alternations of paralysis, theft, as an initiatory sign and the rapid course and termination. Generally, the march of general paralysis is downwards, but there are not merely pauses, arrestments, but even suspension of all symptoms in the descent, presenting an insoluble enigma to all pathologists, from those who hold alterations in structure in cells to those who advocate the excess of phosphoric acid, diseased nutrition,

&c.; and so deceiving even practical men as to lead to the discharge of patients as recovered, who were speedily to pass through the last stages of degeneracy. The duration of the decay has been variously estimated to be from three to thirty years. I have known it to continue for seven years, but the end is generally reached much earlier. Whatever the history, that end appears to be inevitably death. Royer Collard had no cure in 1,000 cases in twenty years; Calmiel himself was never successful; Dr. Sutherland imagined that he had saved three; Rodriguey a few, but these may have belonged to the category modestly suggested by Esquirol, who, when recording 472 fatal cases, adds, three recovered, that is to say, passed from the sphere of my observation. General paralysis has fancifully been said to stand in the same relation to the brain that phthisis does to the lungs; there does exist a resemblance in certain features, but especially in this that being the most formidable and fatal diseases to which we are subject, the sufferers in both are almost always supported, strengthened, we may say, illuminated by glorious visions of hope, happiness, recovery.

DIPSOMANIA.

All nations in all times have been addicted to excess in intoxicants. Historians of the middle ages, even after civilization was far advanced, and more recent writers, show that the potations of both periods were as deep and wide as the Zuyder Zee. This gross intemperance, sometimes denounced as a vice, sometimes extolled as a proof of courage and hard-headedness, was always conceived to be voluntary, to be indulged in, or abandoned, according to the interest, the wishes, the inclination, of the reveler—that the drunkard was, in fact, a rational and responsible being.

Even within the reach of my own recollection, when drinking and intoxication among the educated classes far exceeded what is now prevalent, there was no suspicion of the complication of disease, and there were really few or no examples of constant, continuous, instinctive drinking, such as would have justified the suspicion. Perhaps not until the teaching and the writing of Esquirol on the "Monomanie D'Ivresse" 1838, was the medical mind even prepared to admit the existence of a new form of alienation, which presented specific characteristics, and which demanded interference and treatment. Since this announcement, evidence has crowded in upon us with alarming rapidity, scarcely a family, in any community, but has the skeleton dipsomania within its bounds. This subject is now surrounded with an extensive literature of its own. Hospitals for inebriates are numerous, and, even our Legislature, has attempted to deal with the clamant evil. Of all the works, directly or indirectly devoted to the inquiry, what shall we do with our drunkards, the report of the evidence taken before Parliamentary Committee in 1873 contains the most copious and authoritative information. It will there be seen that the investigation is difficult and complex, that there is a network of connate or allied nervous affections, such as delirium tremens, mania à potú, monomania of suspicion, alcoholic dementia, or *alcoholismus chronicus*, which must be separated and eliminated from our analysis, and that the matter under our consideration is the alleviation of a disease, not the punishment of crime or depravity or degradation. That disease may be delineated, even defined, by science, to be involuntary craving for stimulation, to be hereditary, to be connate with other forms of insanity, to be congenital, instinctive, as following physical disease; and, although

all insanity may originate in crime, it attacks the pure and virtuous, even the abstinent; that it follows blows on the head as well as a career of dissipation; and that it is not merely an inordinate propensity, but involves impairment of moral sense, truthfulness, propriety, carelessness of affairs, perversion of the affections, degradation of habits, tastes, &c., and, manifestly, enfeeblement of will and conscience. These psychological indications we conceive to be diagnostic, even when more prominent features are absent. The alarmists now abroad assert, not merely that we may inherit the appetite, but that it is communicable from the mother's milk, which is so often poisoned with alcohol, at the moment when Cousin points to the origin of mental life in the acquisition of the conception of the me and not me; that all our social usages, even innocent customs, plant and foster the growth of the Upas tree which is destroying all ranks and races. I have known the craving arise suddenly in a Quaker schoolboy after taking a draught of cold water; I have known it creep insidiously, serpent-like, among the gratifications of the learned and lofty intellect, and succeed a single or short course of medication; but, wherever the origin may be, the spread of this malady and its congeners is now almost universal. Even in abstemious France, the progress of morbid intemperance is frightful, and has been attributed by Lunier, I think erroneously, to the facinations presented to the soldiery in Algiers. It was roughly calculated in 1870 that about 38,000 drunkards had been committed in England, but, in the same year, 21,000 are reported from Liverpool. It is obvious that this estimate is a mere return of flagrant cases falling under the notice of the law, that it is not even a gross approximation to the amount of inebriation recognized; and that, if accepting it as a standard, the total must be accepted

as including every form and degree of stimulation, whether under, or beyond, the control of the individual, whether depending upon insanity or immorality. Our asylums afford no reliable information as to the number of dipsomaniaes, or as to the proportion these bear to mere drunkards, or to other species of derangement, as from many such institutions they are properly excluded, or admitted only as coming under the designation of lunacy, and are, therefore, confounded with more distinct forms.

It would be fruitless to follow patients into such retreats, to note the repeated relapses, the disregard of all solemn pledges, the disappointment of all hopes and high resolves, the conversion of the irresistible impulse into acknowledged alienation and physical disorganization. It would be equally vain to speculate upon an uncontrollable tendency, or the introduction of dipsomania as an exonerating element in our legal code, under the pretext of an abolition of will, moral sense, &c., or upon the physiological basis that alcohol pervades the blood, prevents cell change; or even upon the pathological changes described, as saturation of the nervous system with alcohol, a theory which Sir Thomas Watson seems to adopt as giving rise to the craving, an elective affinity between these two factors, or the calcification and atheroma of the arteries, the structural alterations in the liver, these being probably the consequences, not the causes, of the moral perversion. But it is incumbent to direct attention to the legal relations of this perversion, which is repudiated as an exculpation; while mere drunkenness, or the delirium which ensues, are admitted as dissolving pecuniary and marriage contracts; to the total absence of all provisions for this deluded or delinquent class; to the contrast observed in the curability of the affection in Amer-

ica, where from 34 to 50 per cent. of dipsomaniaes are restored to permanent health; and to the lack of success in Britain, where we are sceptical as to curability at all, although Sir Thomas Watson is more hopeful as to future success. It may be that the recuperation of mental strength in new countries may be more permanent than in those which are old, worn out, and exhausted.

LUTHER BELL'S DISEASE, OR TYPHO-MANIA.

The infrequency of idiopathic fever among the cloistered insane led to the notion that they enjoyed an immunity from infectious and epidemic diseases. Typhomania presents no exception to this supposed law, as its discoverer and historians declare that it can be distinguished from fevers, and that, notwithstanding its misleading name, it must not be confounded with the mania succeeding typhus, witnessed in the hospitals of large towns. To identify typhomania with the *dé lire-aigu* of the French, or with typhoid fever, is scarcely justified by the following synopsis of its characteristics:—First. Rapidity of onset, without premonitory signs, often from moral causes. Second. Absence of excited arterial action and intolerance of light, sound, &c. Third. Instantaneous prostration. Fourth. Intellectual wandering, momentarily arrested. Fifth. Hallucinations, always frightful, and scarcely affected by external circumstances. Sixth. Extreme restlessness and struggles requiring restraint. Seventh. There are no sudamina, no petechiæ, no meteorism, and no pathological changes similar to those in typhus. Eighth. The course is acute, short, ending in death, or complete and sudden restoration of reason. Of this unrecorded affection, Dr. Luther Bell conceived that he found forty instances in 1,700 entrants into the asylum of which he

was a superintendent. He further observed that typhomania followed other and distinct forms of mental derangement. The patients all belonged to the affluent classes. He speaks very modestly of "digging this species from a mass of rubbish," from a conglomeration of amorphous appearance. His disciples, subsequently, while insisting much upon the non-infectious nature of the disease and the remedial effects of diffusible stimuli, speak more confidently as to the individuality of the disease as a species of alienation, and have given several additional features to the picture. Among these may be cited the absence of suicidal tendencies, the abolition of hunger and thirst; or if either solids or liquids are taken they are bolted, or swallowed in vulpine fashion; that the exhaustion and physical symptoms are from the first so great as to lead to the belief that the patient is moribund, and so prominent as to cloak and to divert the attention from the morbid mental manifestations, and that this mania was most generally encountered among Irish emigrants coming directly from ship board, where during the voyage they had been exposed to signal privations and unhealthy surroundings, and may have even been within the influence of ship fever.

Typho-mania has been incorporated with our nomenclature by Bucknill and Tuke, 1874, and described by them with the suggestion, however, that it may have been alluded to by Dr. Conolly, in the *Lancet*, in 1845. I have seen this form of alienation in this country, but the comparative silence of American writers upon the subject, who all entertain an enthusiastic attachment to the memory of Dr. Luther Bell, would seem to indicate, that emulating his caution and philosophical circumspection, they have placed the whole matter *sub judice*. This feeling of friendly respect was excited by his long

service of twenty years as an officer of an asylum, by his useful exertions in improving the architecture and internal economy of such asylums, by his eminence as a physician and psychologist, and by the close of his life on the field of battle during the late civil war, not from wounds, however, but from pneumonia.

ABSINTHISM OR TOXIC EPILEPSY.

The sugar and water sobriety of France has passed away. Our neighbors denounce their brethren of the military and industrious classes as Bacchanalians. Gratification or oblivion are sought from stimulants of all sorts and strengths, but to a very grave and deplorable extent from the watery extract, cream of absinthe, &c. This national corruption is said to have given rise to groups or genera of neuroses, and particularly to one new and special form, which is, as yet, fortunately, unknown to us. While absinthe was sipped as a liquor, its toxic or intoxicant powers were shown in 1859 to produce delirium, and were more deliberately tested in Bicêtre in 1864. Experience and experiments have since demonstrated that these mainly consist, although differing in combination, succession and intensity, in a feeling of shivering or creeping, then of nausea, in an irresistible craving for stimulants, but, above all, for absinthe, in hallucinations, delirium, in great restlessness and eccentric movements, in shocks of the muscular system, resembling those given by galvanism, and which, it is supposed, mask or conceal the tremors and disturbances of motility of alcoholism; and, finally, and diagnostically, in epilepsy. Great importance is attached to the latter symptom as distinguishing this affection from all others which can be traced to a similar origin. We are told that of 377 maniacs from drinking, admitted into the Parisian asylums in 1870,

thirty-one had suffered from epilepsy; and, of 291 of the same class, admitted in 1871, fifteen had so suffered. While the great majority of French psychologists are of opinion that alcohol may produce delirium, mania, &c., according to the quantity and quality swallowed, little evidence has been recorded that epileptic or epileptiform convulsions have resulted from such indulgence; certain others affirm that all stimulants may be followed by these effects. I have undoubtedly seen convulsions in acute alcoholism. It is probable that this difference of opinion, and, above all, the difficulty of finding patients for examination who had confined their indulgence to ten or twelve glasses of absinthe, habitually led to an appeal to experiment upon the lower animals. In dogs we are assured absinthe, whether introduced into the stomach or injected into the veins, excites delusions, fear, anger, contractions of the muscles of the neck and trunk amounting to episthotonos and pleurothotonos, and, ultimately, general convulsions and death. One animal under five grammes of the essence is graphically described as, without provocation, rising to his feet, his hair erect, his aspect ferocious, with his fiery eyes fixed upon a bare wall; then as rushing to and fro against an ideal enemy, barking, gnashing his teeth, and then appearing to tear what has roused him to fury, the scene ending in convulsions. When dogs are treated in the same manner with alcohol, the phenomena, both psychical and physical, are widely different. They become slightly excited, rush or reel, or leap to and fro, then pass from hebitude into semi-stupor, comatose sleep; anæsthesia and paralysis succeed, at first confined to the hind, but, ultimately, involving all the extremities, with general relaxation of the body, but never convulsions. It is needless to tell you that we owe almost all the informa-

tion which we possess upon this subject to M. Magnan, the most prominent figure in the meeting of the association at Norwich, and whose advent there, and the subsequent proceedings, have placed the profession upon the threshold of new, and it may prove harassing, legislative interference. Had time permitted, I could have wished to have said a few words concerning phthisical and syphilitic insanity, which, although composite affections, are now exciting much interest; or even to have touched upon loco-motor ataxy, progressive muscular atrophy, glosso-pharyngeal paralysis, Graves or Basedow's and Menier's disease, as all involving less or more psychical manifestations; but your patience and politeness must be already exhausted, and I shall conclude, as public speakers were formerly accustomed to do, with a moral, and to this effect. That, while not entitled to attribute the increase of all these ailments and infirmities to our rank civilization, and material prosperity, we can not be insensible to the fact, that the growth of many is due to our own habits and arrangements, which, in a great measure, are under our own control.

RETROSPECT OF GERMAN LITERATURE.

BY THEODORE DEECKE.

ANATOMY OF THE NERVE CENTERS.

I. THE VENTRICULUS TERMINALIS OF THE SPINAL CORD. By Prof. W. KRAUSE OF GOETTINGEN.

Archiv für Mikroskopische Anatomie, Bd. XI, Heft. 2, Tafel XIII.

Since the researches of Stilling, Gerlach and others, it is well known that the central canal of the spinal cord, at the point of its transition into the flum terminale, in mammalia, turns towards the anterior longitudinal fissure, while in men towards the posterior, where it was claimed to open. This remarkable difference, however, between men and the mammalia seemed to be so much in opposition to the laws of evolution, that a misunderstanding was supposed to exist in regard to it, and this is in fact true. There is a fifth ventricle in the nervous centers, if we designate that of the medulla oblongata as the fourth. It is situated at the lower end of the conus medullaris, (the tapering lower end of the spinal cord,) and Krause proposes to call it the "ventriculus terminalis" of the spinal cord.

In men, the central canal, at the upper part of the flum terminale exhibits a cylindrical form; at the transition into the lower end of the conus, however, it appears as a transverse fissure, directed towards the posterior periphery of the conus. This fissure corresponds to the lower end of the ventriculus terminalis. Farther upwards the ventricle soon enlarges, and assumes in transverse section, the form of a triangle, the base of which is directed towards the anterior part of the cord. In adults, the length of the ventricle amounts to 8=10 mm; the breadth, to 0, 5=2, 0 mm and the depth, to 0, 4=1, 1 mm. It is, therefore, easily detected by the naked eye.

In the course of its transition into the central canal of the conus medullaris, the transversely situated triangle is changed into one, whose short basis is directed towards the *posterior* commissure. The posterior wall there appears, frequently, a little incavated, so that the roof of the ventricle terminates in two collateral fissures or horns. The supposed opening of the central canal into the

fissura longitudinalis anterior, in mammalia, will easily be understood, considering that the roof of the ventricle, in animals with tails, appears remarkably thickened by the presence of large bundles of sensitive nerve fibres, which supply the skin of the tail. In men, the whole substance at the border of the ventricle, corresponding to the posterior columns, forms only a very thin layer, so that in hardened specimens, to the naked eye, the pia mater alone seemingly lines the roof of the ventricle. By the aid of the microscope, however, Krause easily detected, in all cases, a lining of ciliated epithelium, and, between this and the pia mater, a thin layer of cord tissue: the "substantia gelatinosa," which represents the remains of the posterior columns.

The ventricle was found in persons of all ages, though often obliterated after the fortieth year. Krause explains, in the same paper, his methods of investigation, and recommends the removal of the cord during the first twelve hours after death. He hardens the specimens first in Miller's fluid, then, in a one per cent. chromic acid solution, and afterwards preserves it in absolute alcohol. He also gives a description of a microtome for making successive sections.

II. CONTRIBUTIONS TO THE KNOWLEDGE OF THE COURSE OF THE FIBRES IN THE SPINAL CORD. By Dr. P. SCHIEFFERDECKER.

Archiv für Mikroskop. Anatomie, Bd. X, Heft. 4, Tafel 32-34.

It is an interesting fact that the more we proceed in perfecting the methods of investigation, the more complicated do the structures of the nervous centers appear. It is true our methods of research hitherto have been scarcely adequate, to enable us to give a precise and detailed description of the course of all the fibres in the spinal cord. To Schiefferdecker, who is an assistant of the learned Waldeyer of Strassburg, we are indebted for the following clear anatomical expositions.

The author distinguishes five different courses of fibres.

I. Fibres, which run from a point of the periphery to a group of ganglion cells.

II. Fibres, which connect two groups of ganglion cells.

III. Fibres, which run from a point of the periphery towards one of the commissures.

IV. Fibres, which connect in a vertical direction, the upper and lower parts of the grey substance.

V. Fibres, which, in the same half of the cord, combine two different parts of the white substance.

AD. I. The author points out; a, large bundles of the anterior roots; b, numerous fibres from all regions of the lateral columns, and c, bundles from the posterior columns, principally from the median parts of the same.

AD. II. Also three different courses of fibres have been traced, corresponding to the three different kinds of ganglion cells, which they combine, and all of which, *inter se*, are connected by these fibres.

AD. III. 1. Commissura anterior is provided; a, with large bundles from all parts of the posterior columns; b, those from the lateral columns appear still more numerous; and c, fibres from each group of ganglion cells reach the commissure. The greater portion of all these fibres decussate in the commissure, and bend over into the median regions of the anterior columns, while only a small number of the same, form a simple connection from one side of the cord to the other. 2. Commissura posterior. The fibres, passing through the posterior commissure, are far less in number, and traceable into the median regions of the posterior columns, and into the middle posterior group of ganglion cells. They run, without decussation from one side to the other.

AD. IV and V. Shiefferdecker gives a minute description of a number of longitudinal sections in various directions, which expose the most complicated structure in clear outlines; but which will scarcely be understood without reference to his beautifully executed drawings. The fibres have been traced up to their finest ramifications, in the grey portions of the cord, into the most delicate network, from which, again, bundles originate running in a vertical direction; these combine the posterior and the anterior columns, as well as the laterally situated groups of ganglion cells.

1. Large bundles of fibres are traceable from the posterior columns to the anterior groups of ganglion cells; there, forming a network, and then passing out of the bundles. 2. Fibres from the posterior columns unite the middle posterior groups and the lateral groups of ganglion cells, forming here the first network; then proceed to the anterior groups of ganglion cells, forming the second network, or the bundles break out from the cord directly. 3. Fibres of the posterior columns run up to the anterior groups of ganglion cells, and passing through these, combine, without forming a network, with the anterior roots.

A summary of the structure, as far as at present explored, is given in the following:

I. Fibres passing out in different directions from the white substance into the grey regions.

A. Fibres, which originate at the same point, pass over into the grey substance at different heights.

B. Fibres, which originate at different points of the white substance, pass over, at the same point, into the grey substance.

C. Fibres, which belong to the same vertically extending bundles, and which, at the same height, bend over to the grey substance, often divide during their horizontal course in the white substance, towards the right and left, terminating in the grey gray substance, as bundles of different character.

II. Fibres passing in different directions, through the grey substance, for the purpose of connecting fibres.

A. Simple networks, *ea sunt*: 1, primary networks at the border of the white substance, combining the single bundles which have passed out; or 2, secondary networks, which, situated more in the middle parts of the grey substance, combine those bundles of fibres which had formed networks once before.

B. Courses of fibres which combine different large parts of the cord; these are:

I. The fibres of the posterior and the anterior commissures which combine the two halves of the cord.

II. The vertically running fibres of the grey substance which combine parts of different heights in the course of the cord.

III. Peculiar formations, probably for the purpose of connecting fibres of different character: the ganglion cells with the delicate network involving the same.

Considering now, finally, that often even four or five of these connections, referred to in the foregoing, frequently occur in the course of *one* fibre, we may imagine how *manifold* are the conducting elements of the spinal cord, and what a complicated mechanism it represents.

III. THE PERIVASCULAR LYMPH SPACES IN THE NERVOUS CENTERS AND IN THE RETINA. BY DR. B. RIEDEL OF ROSTOCK.

Archiv für Mikrok. Anatomie, Bd. XI, Heft 2, Tafel XV, fig 5-9.

To the investigations of Virchow, Robin, His, Fromman, Roth, Golgi, Eberth, Boll, ect., into the lymph ducts of the nervous centers, Dr. Riedel adds some further points of great importance. The explanation of the true structure of the so-called adventitia of the cerebral vessels, by Eberth, after a treatment with a solution of nitrate of silver, and the constant presence of lymphatic elements and other thrown out materials, in these sheaths, has left

no doubt as to their nature and their importance in the economy of the organs in question. Besides the delicate fibrillous processes, adherent to this membrane, as first seen by Roth, Golgi, Boll and others, and which represent the remains of those peculiarly formed connective tissue cells of the nervous centers, Riedel has discovered a system of other processes, true prolongations of the adventitia itself, which, without enveloping a vessel, combine larger or smaller districts of cerebral vessels, mostly forming direct anastomoses, or sometimes small plexuses. They are recognized in uninjected specimens, but more plainly in injected ones, where they are seen as small empty ducts or tubes. They are only attached to the adventitia of capillaries, and may reach a length from 0, 1 to 0, 15, mm. After the discovery of these lymph-anastomoses, Riedel thinks it is not any longer proper to call that enveloping membrane, the adventitia of a vessel, but to consider it as the lining wall of a true system of lymphatics. The endothelium structure of this membrane, which is the same as in other organs agrees with this view. The accompanying drawings of the author leave no doubt as to the reality of his discovery.

IV. ON THE ADVENTITIA OF THE CEREBRAL VESSELS, ETC. By
Dr. R. ARNDT OF GREIFSWALD.

Allgemeine Zeitschrift für Psychiatrie, Bd. 31, Heft 6.

Arndt discusses some peculiarities concerning the vascular arrangement of the nervous centers. The arteries consist of three membranes: the intima, the muscularis, and the adventitia; the veins and the capillaries, of two: the intima and the adventitia. The author advocates the lymphatic nature of the space enclosed by the adventitia, and describes peculiar cells attached to the same, which end with long and delicate fibrillous processes extending into the surrounding parenchyma. Concerning the economical functions of these cells, Arndt believes that they serve as exchangers of nutrient fluid, partly active and partly mechanical, by constituting a kind of a drainage system. Assuming this then, he calls renewed attention to the much discussed perivascular lymph spaces of His. "These are claimed to be artificial products." Arndt says, "they are, but artificial products created by nature itself, and for certain states of things, so constant and often occurring, that they seem normally connected with these. Otherwise they are lymph spaces, as well as those of Virchow and Robin, inside of the adventitia, because they originate in consequence of a stag-

nation of lymphatic fluid. But, while those spaces of Virchow, etc., serve as channels for the discharge and the carrying away of lymph, these represent storages for collecting the surplus." If this means, that they are pathological formations, we do not hesitate to indorse the author's view, which does not seem so very much in opposition to the opinions, advocated by Boll, Golgi and others.

V. RESEARCHES INTO THE ANATOMY OF THE NERVOUS SYSTEM.
By Prof. ALEX. KEY AND Dr. G. RETZIUS OF STOCKHOLM.

Archiv für Mikroskop. Anatomie IX, 2. Obersteiner: Centralblatt.

The paper contains, it is true, only some preliminary communications, but is rich in interesting facts. The first part treats of the membranes of the cord. Concerning the connections between the dura and the arachnoidea spinalis, the authors found numerous joints at the posterior half of the cervical portion, which, very short, permit only a limited separation of the two membranes. The subarachnoid space, between the arachnoidea and the pia, is divided by the two ligamenta denticulata into an anterior and a posterior part. Whilst the first appears as undivided, only crossed by a few joints, the pia and the arachnoidea of the posterior half are connected by numerous connective tissue bundles, especially in the middle line. From these, running vertically a real membrane, the septum posticum is formed.

The joints consist of finer or thicker bundles of connective fibres, all enveloped in a delicate sheath, which consists of endothelium cells with nuclei. The arachnoidea is built up of a network of the same kind of sheathed joints.

The pia spinalis is formed by two membranes: the external by longitudinal bundles of fibres of the same structure, and stands in connection with the joints of the arachnoidea. The inner membrane, the intima pia, again, consists of three delicate layers: an external, formed by an elastic longitudinal network; a middle layer of stiff, generally square running fibres, and the inner part, again, exhibits the structure of a delicate elastic network. The inner membrane is closely attached to the surface of the spinal marrow itself, and combined with it by a thin layer of neuroglia, but so closely, that no epispinal space (His) is detectable.

The intima pia escorts all the vessels, penetrating the cord, by forming funnel-shaped sheaths. To the formation of the septa, however, the external layer of the pia also contributes.

When a liquid is injected into the subarachnoid space, this is entirely filled; then it penetrates the meshes of the external layer of the pia, and enters into the funnel-shaped sheath, spreading out between the vessels of the cord and the sheath, but it never enters into the space between the intima pia and the tissue of the cord.

The nerve roots, passing out from the marrow, are provided with a twofold sheath, by the dura and the arachnoidea. In the spinal, as well as in the sympathetic ganglia we can inject an extended net of lymph ducts, which surround the nerve fibres and the capsules of the ganglion cells. They do not empty into the external lymph ducts of the neighboring organs, but they are in close connection with the subarachnoid spaces.

In the peripheral nerves the authors distinguish a threefold covering of connective tissue. Each nerve fascicle has its envelope, the perineurium, of which delicate sheaths penetrate the inner part of the fascicle, the endoneurium, and the fascicles themselves are then held together and united to the nerve by the epineurium.

The whole perineurium consists of delicate membranes, similar to the lamella of the arachnoidea. The injection fluid spreads out between these lamellæ, and penetrates the endoneurium, and surrounds, at last, the single fibres of the nerve. The authors also discuss the nature of the peripheral nerves and the Paccinian bodies. Numerous drawings illustrate the text.

PHYSIOLOGY.

VI. ON PHYSIOLOGICAL COMBUSTION IN LIVING ORGANISM. By Prof. E. PFLUEGER OF BONN.

Pflüger Archiv für Physiologie X. 6 und 7.

VII. THEORY OF SLEEP. By Prof. E. PFLUEGER OF BONN.

Archiv für Physiologie X. 9.

In a former paper, "On the Diffusion of Oxygen etc." (Archiv für Physiologie VI. page 43,) Pflüger declares as one of the principle laws of life, that *the living cell* regulates the amount of oxygen consumed during the process of life, and not the *quantity* of oxygen contained in the *blood*, or the velocity of the blood current, or other conditions, which influence the same. And, secondly, that the physiological combustion by the life of the cell, does not imply the presence of *active* oxygen or *ozone*, and that it

is entirely independent of the partial-pressure of the neutral oxygen. In his present paper the Professor adds to his theory a series of new arguments of special and general interest.

In the first three chapters, after a short introduction, the author criticises the evidences which have been adduced in favor of the presence of ozone in the living organism, and concludes that, hitherto, no reaction has proved, in reality, the free existence of ozone in the blood of living beings. The ozone, in contact with blood, is immediately consumed, or converted into neutral oxygen, and, under no circumstances, is active oxygen conducted into the tissues of the body.

The fourth chapter, treats of some facts of comparative physiology, which are of importance in regard to the relations of the organic cell to oxygen. The absorption of oxygen and the oxidation of carbon is the fundamental principle of all organic life. The plants live and respire, as the animals do. In lower animals, consisting of indifferentiated protoplasm, or of single cells or groups of cells of the same character, it is the whole substance of the body, which respire. As of the greatest importance, regarding the relations of the cell to the processes of oxidation, the author refers to the tracheata or the insecta. Here the apparatus for circulation is found of the simplest kind; no system of capillaries, no veins exist, only a contractile heart, directly opening into an artery. The colorless blood moves through the body and around the organs, but air is not brought into contact with this fluid. The air diffuses directly into the organs by the way of finer and finer ramifying ducts. In the phosphorescent organs of some species, these air ducts have been followed up and found closely attached to the cells. The same, as in the insects, it teaches us the foetal respiration. From the first moment in embryonic life, when no blood, no vessel exists, oxygen is absorbed, and carbonic acid excreted. In the higher organized animals, the vertebrata, together with the progressing differentiation, the respiratory apparatus is localized. Here, in order to conduct the necessary quantity of oxygen to the different organs of the body, a substance was indispensable, provided with the absorbing property of the hæmoglobine. The hæmoglobine of the vertebrata resembles a commodious freight wagon of great capacity.

The fifth chapter treats of the interesting phenomenon of the *phosphorescence* of organism in its significance to the principles of respiration. It is unquestionable that the phenomenon is due to a process of oxidation. The light is extinguished in hydrogen, ni-

trogen, carbonic acid gas, and in a vacuum; it reappears in atmospheric air. But of what kind is this phosphorescent matter? Pflüger concludes that it is the protoplasm of cells, and that it exists, as is evidenced by numerous facts, by innervation under the control of a nervous center and, that it has certain relations to the processes of respiration. Numerous are the arguments adduced by the author, which space does not permit us to record in particular.

Chapter VI: Facts and hypotheses to the principles in question. At first the author distinguishes between the living protoplasm and albuminous substances in general. It is only the cell which bears in itself the peculiar markings of life, only the cell is living in the true sense of the word. The albuminates of the blood are dead matter inside of the living body, until they are converted into the substance of the cells. In order to conceive the cause by which, after the entering of an organic molecule into the organization of a cell, its affinity to oxygen awakens, we have to touch upon some questions, which lead us near to the last secrets. The first question is that of the chemical principle in action. The albuminous molecules of all the cells and liquids are isomeric; they are modifications of one radical, and the differences must be, perhaps, due to metamerism, or to a physical modification of the simple molecule and to polymerism, the elements of which count either to homogeneous or to metameric groups. Finally there may occur the most different combinations between the polymeric molecules. There is no element in nature which tends, in a higher degree, to form chain or series-like combinations of homogeneous atoms than carbon. The growth of an organic molecule seems especially favored by this peculiarity. Besides this, in many of the polymeric combinations of molecules, the oxygen acts as the universal combiner. It is, therefore, not difficult to suppose that in the living organism a polymerisation *in infinitum* is going on so that large masses are built up, which, in fact, consist of only one single organic molecule.* Perhaps the whole nervous system with all its active parts, consists only of *one giant molecule!* This would explain the facility by which the oscillations from one part of the nervous system are conducted to other parts and the intimate interaction of so many living cells between each other. It is moreover not at all incomprehensible that the manner of arrange-

* See the reviewer's paper on the germ theory of disease, in this journal, April, 1874, page 20 and fol.

ment of the single radicals in these giant molecules, that is, the points of active chemical affinity during assimilation, as well as the place where the oxygen enters, will be of the greatest importance, so that we may conceive the different manners of growth and decay as the result of the different primitive arrangements. This throws light in some degree upon the cause, why the albuminous substances exhibit different active properties or faculties, according as they have been assimilated by the one cell or by another. In the living organism, it is a law that the groups of the newly assimilated molecules are identical with those which assimilate. This is the starting point for the conception of inheritance in organic nature.

We advance one step farther, when we compare the already assimilated albumen with the albumen for nourishment. The common albumen of eggs remains unaltered and undecomposed for any length of time, provided, that we exclude from it all germs, which produce fermentation or putrefaction. Protoplasm, that is, organized albumen, the substance of the cell, decomposes always spontaneously. In the building up of a tissue, therefore, *labor* is performed, by which the cohesion of the albuminous molecule has become extraordinarily loosened. This is a fact. A celebrated physiologist, once in his writings, declared spontaneous decomposition as something unthinkable. It is only unthinkable when we imagine a chemical molecule as being in a condition of static equilibrium, or as a mosaic. The mechanical theory of heat has shown, that a chemical molecule must represent a system of bodies in motion, which are under the influence of their own interacting forces, and whose living forces, (*vis viva*) at least in the gaseous state of aggregation, are proportional to the absolute temperature. Clausius, in his researches into the mechanical theory of heat, shows mathematically that the living forces of the progressive motion do not represent the whole quantity of heat present, and that the differences appear the larger, the greater the numbers of atoms of which the molecule consists. He concludes, therefore, that, besides the progressive motion of the molecules, other motions of their constituents must exist, the living forces of which also represent a partial quantity of the heat. The existence of this intra-molecular motion, of course, has its full validity also, concerning the liquid and the solid state of aggregation, and if nothing else, the specific heat of the bodies, evidences the existence of free motions of the atoms, even in the solids.

Now there is one peculiarity common to all spontaneous dissociations, that the motions of the atoms are supposed to be large

enough to throw them out, more or less, of their spheres of activity. But as these motions participate in heat, so we must conclude, that "*the intra-molecular heat manifests itself as the real and only cause of all spontaneous dissociations.*"

The capability for decomposition characteristic of all living matter is a truth well known to all biologists. This capability is the cause of its *irritability*. How exceedingly minute are the living forces of a ray of light, and how powerful the effects produced on the retina of the eye and in the brain itself! Only the slightest irritation of a muscle, by touching it with the point of a needle, is sufficient to yield an instantaneous contraction, accompanied by the formation of carbonic and lactic acid. How minute are the living forces of the nerves, by which the chemical interaction in the organs of living beings increases in a most powerful manner; and how small the quantity of certain poisons, by which the life of a large animal may be destroyed!

The author then describes some experiments in order to demonstrate the extraordinary tendency of some tissues toward decomposition. Of all the tissues, the *grey substance of the brain* is the most decomposable.

After this Pflüger thought it necessary to examine the relation of oxygen to these dissociations. As the principles of life are the same in all animals, he selected some frogs for his experiments.

Two *ranae temporariae* of 84, 5 grm. of weight, after the lungs were deprived of air, were placed in a large globe containing *pure* nitrogen. The globe, of 1279 cc capacity, was standing in a vessel containing mercury, and therein the frogs remained for seventeen hours. Under the normal conditions of life these animals would have consumed 3, 5 cc of oxygen per hora, by excreting 2, 45 cc of carbonic acid.

After five hours Pflüger examined a sample of the nitrogen; it contained 0, 7 CO_2 , corresponding to 10, 3 in the whole of the globe, and representing about the quantity produced by normal respiration. After seventeen hours, another sample was taken; it contained only 1 per cent. CO_2 . During the last twelve hours, therefore, only 3, 24 cc CO_2 , had been excreted.

"How now"—we let the author speak—"did these frogs act? I had placed ice around the globe and upon the mercury, to prevent as long as possible any spontaneous decomposition. At 2, 44 o'clock the animals were placed in the nitrogen. Immediately I saw that they felt uneasy and anxious. At 3 o'clock a decided dyspnoea was noticed: they were sitting with their mouths

widely opened, and from time to time they raised their bodies as if they were looking for some opening through which to escape. No convulsions or any other state of irritation, as in warm-blooded animals, were observed. At first the respiration was quickened, after that it ceased; commenced again, and then ceased entirely. They sat there absolutely motionless, but the head was raised, and the eyes widely opened. I expected death. But one hour passed away after the other; sometimes, after a longer rest, they again opened their mouths, raised the body, so that there was no doubt, that all the ordinary functions of life were going on. In the evening, at 8 o'clock, they seemed much exhausted, especially one of them, but a wire introduced through the mercury at 9 o'clock, in order to irritate them, showed their entire integrity. They were now packed in ice, and left so over night. The next morning at 9 o'clock, both frogs were lying like dead bodies in their confinement. After taking another sample of the contents of the globe for examination, the animals were drawn out. The most violent irritation of the skin was not followed by any reaction, even the most powerful electric discharge only produced a muscular contraction, where it was applied. There was no doubt, the animals were entirely paralyzed; the excitability of the nervous centers was extinguished; no traces of respiration were detectable.

As now, however, these frogs, since the moment of their apparent death, had remained in a temperature of nearly 0 °C, it was supposed that no putrefaction could have taken place. I hoped, therefore, to restore them to life. In order to prevent any decomposition, they were placed upon large flakes of ice; the lungs were blown up with air, but everything seemed to be in vain. Since then, after staying in atmospheric air for two hours, and, after repeated artificial respiration, no signs of life were detectible, I cautiously opened the thorax of one of the frogs, and saw the heart beating with great energy, and the arteries filled with beautiful light red colored blood. Nevertheless, everything remained in quiescence. Not till about 3 o'clock, that is, 5 hours after staying in atmospheric air, and after arterial blood had been circulating through all the organs, one of the frogs, quite suddenly, moved one of his legs. By and by, in both animals, some reflex motion was noticed. The next morning both responded with energy to all kinds of irritation. The spontaneous respiration was restored. But after all they did not raise their bodies when I placed them on their back, that is, they acted as decapitated animals. The function of the spinal cord was entirely that of the medulla ob-

longata partly restored; the brain itself remained paralyzed. One of the frogs died soon after, the other lived for some time.

This simplest of all experiments seems to be, however, of a fundamental importance. It teaches first, that all the principal functions of life occur in a normal way without the presence of any oxygen in the organs of the body, and that, nevertheless, the excretion of carbonic acid is undisturbed for a long time. We have further seen, that the asphyxia was accompanied by a cessation of the excretion of carbonic acid, when we prevented an abnormal decomposition. The clock work only stopped. We furthermore observed that the processes of life had ceased for many hours, in an entire absence of oxygen, without abolishing the possibility of restoring life. With just as much interest we followed the winding up of the clock. A long time after the nervous centers had been fully supplied with oxygen, the irritability of its molecules commenced. Many hours passed away before the sensitive substance again reacted; and the most complicated part of it never regained its normal functions."

I believe everybody will acknowledge the importance of this fact, that all the processes of life may be carried on, for some time, without the presence of any oxygen. But perhaps the amphibia are capable of stopping their life mechanism when necessity commands? Against this supposition I call attention to the fact that the formation of carbonic acid did not cease in the atmosphere of pure nitrogen, and that the movements and the irritability of the animals evidenced the continuation of all the principal functions of life. But these animals are also not capable of arresting temporarily the affinity of their organs for oxygen. Professor Pflüger demonstrates this fact by another experiment: A frog, cooled in ice, to 3° C, was placed for about half an hour in olive oil, which was entirely deprived of air. After this the heart contained black blood, in which no traces of oxygen were detected; nevertheless the spontaneous movements of the animal evidenced an entire integrity of the nervous system.

But the experiment furthermore shows, that the irritability depends entirely upon the amount of intra-molecular oxygen, and that the carbonic acid is produced by dissociation.

It can not be doubted, that these processes of dissociation of living matter, by which life is supported, stand in close relation to the temperature. An increase of only 7° C, in warm blooded animals, is sufficient to cause death. The normal temperature of these would destroy the life of an amphibium. This minute

increase of the living forces of the oscillating molecules, is capable of producing an entire blasting and decomposition of the living substance. Looking into the kingdom of all organism, we see everywhere how the intensity of life increases in proportion to the temperature. When we observe the lizard lively and brisk in summer, and how it is quieted, falling into the deepest torpor by a simple withdrawing of heat, and is re-awakened by raising the temperature, it seems self-evident, that the heat, conducted to its organs, has produced these changes.

The intra-molecular heat is the life of the cell.

The author then discusses some points concerning the transition or conversion of dead matter into living protoplasm. The products of oxidation of all those compounds, which contain no nitrogen are of the same kind, whether they are performed by the processes of life, or artificially in the laboratory of the chemist. This shows, concerning the *hydro-carbonic* radicals that the living albumen does not differ essentially from the albumen for nourishment. Concerning the products of decomposition of the *nitrogenized* compounds, however, there is not the slightest resemblance to those which the living organism creates. The germs of a true solution of this difficult problem, the author discovers in a small paper by J. v. Liebig, who declares that the formation of carbonic acid in the organic change of matter, is a process not belonging to common oxidation. It is, as well as uric acid and urea, a product of dissociation; and for the same reason he denies that the thermal equivalent of common albumen affords a measure for the energy stored up in organized protoplasm.

In order to get some idea of the true nature of these conversions of common albumen into living matter, Pflüger refers to one of the most interesting compounds; the radical *cyanogen*, and to its relations to the albuminous substances. Cyanogen appears as a radical, immensely provided with intra-molecular energy, and the author thinks it more than probable that radicals of that kind are constituents of the living albumen. Especially remarkable appears the resemblance of cyanic acid to living albumen. Both manifest the same tendency to form condensed molecules by polymerisation. The molecule grows to cyamelide; in contact with water it decomposes, like living matter, into carbonic acid and ammonia. Cyanuret of ammonia produces urea, like living matter, not by oxidation, but by intra-molecular dissociation. Like living albumen, the cyanic acid is transparent at a low temperature, and becomes when heated, like living albumen, opaque and solid. There are still more resemblances.

All this betokens, by what way living matter might have originated. The beginnings exist in cyanogen, and the circumstances under which this radical is produced throw a clear light upon these processes. Nevertheless the author denies the existence of a spontaneous generation at the present time. Comparative biology teaches us an origination from but *one* and the *same source!*

In conclusion Pflüger defines his hypothesis in the following words: *The process of life is the intra-molecular heat of most decomposable and by dissociation (mostly under the formation of carbonic acid, water and amide like compounds,) disuniting albuminous molecules, which constantly regenerate and which grow by polymerisation.*

"Should I now explain my thoughts," the author continues, "explain by an, of course only, most imperfect image, I would imagine an immense number of small harps, differently tuned. I would suppose that all these instruments were screwed together into one large body, but in such a manner, that no chord should be impeded in its free oscillation. Then I would fancy, that by the use of a hammer, continual beats were being played against this system, so that all the chords would swing and all the harps would ring. The harps represent the living albuminous molecules; the oscillations, the life, that is, the intra-molecular heat; the beats of the hammer, the heat which sustains the oscillations, or which compensates the loss of the living forces. In an organic body there exists such a hammer, one, or even more for each chord, for each molecule. The energy of the stroke by which the oscillations are produced and sustained, depends upon the formation of carbonic acid. The formation of carbonic acid produces minute explosions, by the effect of which the oscillations of the molecules increase. The specific process of life is, therefore, extinguished,—as our experiments with the frogs have shown—at the moment when the formation of carbonic acid ceases. The latter appears as the force, which plays upon the instrument. We, therefore, find the formation of the same carbonic acid in each cell, although these differ in faculty and function, because the *functions* resemble *the music*, which depends upon the tuning of the instrument.

But our image is only most imperfect; it demonstrates merely one part of the relations in question. It gives no idea of my opinion, that the different molecules are bound together, by the way of chemical affinity, into a system of intimately connected nets, by which connections, the oscillations are easily conducted from one

place to another. The image ignores further the mass motions, as they occur in consequence of contraction and secretion. In this, I suppose, that the atoms of one fibre of such a net, which still cohere by the inner forces of the molecule, exhibit in a state of dissociation, an attraction to other disuniting molecules, which belong to the fibre of a neighboring net. As soon as the chemical combination of the atoms, belonging to *both* fibres, has been effected, by forming one united molecule, the attraction, of course, which was produced by these atoms ceases. The fine meshes of the net I imagine as being filled out with watery solutions."

The last chapter of this interesting article is dedicated to a determination of the limits of the partial-pressure, in which the physiological combustion occurs. The author here refers to some facts communicated by Bert in the "*Comptes Rendus*." (*Recherches experimentales sur l'influence que les changements dans la pressions barométrique exercent sur les phénomènes de la vie* 1873, 77, p. 531 and 76, p. 443, etc.,) which, concerning the physiology of respiration, belong to the most important discoveries of the last decennium.

If animals respire in an atmosphere of oxygen of high pressure, they will be affected with convulsions at the moment, when the arterial blood contains 28=30 Vol. p. c. (0, 76 m. pressure) of oxygen, and they die in 35 Vol. per cent. As this is equal to an amount of 22, 8, p. c, and 26, 6, p. c, by a pressure of 1 meter, it is evident, that it represents only a small increase of the normal amount. This small increase, however, corresponds to an immense increase of the *tension* of the oxygen, about as 35 to 2280.

Bert shows that the life of animals is the more rapidly destroyed the more energetically they respire. Insects die sooner than arachnida, and these sooner than the mollusca. Even fishes die in water which contains more than 10 Vol. p. c of oxygen. The same, Bert observed in plants, which proves the similarity of these processes in both kingdoms.

But the most important of his discoveries is that the consumption of oxygen, and the formation of carbonic acid *decrease* in an inverse ratio to the pressure. The excretion of urea diminishes, and the temperature is lowered, while the animal suffers from convulsions. If anything, this fact, supports the theory of Pflüger, that it is the living cell itself which regulates the amount of oxygen consumed. The living cell *takes* the oxygen, as one of its active functions of life, and thus it exhibits about the same con-

duct as active phosphorus, which displays no affinity to *compressed* oxygen, and which is not oxidized, as Pflüger shows by experiment, in an atmosphere of the same.

THEORY OF SLEEP.

In the theory of life, exposed in the foregoing article, Dr. Pflüger alleges, that the action of all organs depends upon a dissociation of living matter, which represents a peculiar modification of albumen. He showed by experiment, that the excitability is based, mainly, upon the intra-molecular oxygen, and that it is extinguished, at the moment when all the oxygen is consumed by the formation of carbonic acid. This alludes especially to the central nervous system, although it has its invariable validity in every organ of the body. As the carbonic acid is continually formed by dissociation, which produces metamerism, that is the interchanging of the atoms, the chemical potential energy, consumed by this process, is next converted into heat, i. e.; molecular motion of the newly formed carbonic acid molecule. These violent oscillations or intra-molecular explosions, which continually occur during life, produce by transmitting the impulse to all parts of the molecule, an intense vibration of all the atoms. The author compares this to the "singing flames." In such a state of action he imagines all living matter, but especially, the grey substance of the nervous centers. In wakening, these vibrations are the most intense; the singing of the flame is the loudest.

By the experiments with the frogs we have been taught, that at the moment when the intra-molecular oxygen is consumed, life is extinguished, that is, the animal falls into a state of asphyxia. The clock stops! but death does not occur, as *death* would be the *destruction* of the clock. In our frogs, life was restored, and the asphyxia was preceded by a state of dullness and drowsiness. Pflüger now parallels this asphyxia, produced by the lack of intra-molecular oxygen, with sleep; it is the *most absolute sleep*.

In warm blooded animals and men, the life of no organ seems more dependent upon the supply of oxygen, than the brain itself, and all facts known, manifest the existence of very labile states in the grey substance of the centers, which continually tend to dissociations. Even in our experiments with the frogs, we only succeeded in restituting the functions of the medulla and the spinal cord.

As now the whole nervous system, including the muscles, and very probably the secreting glands, represents one single *continuu-*

ous body, the so called *animal net*, Pflüger imagines this body as consisting of an immense number of molecules which, by chemical energy, are connected chain-like to each other, so that they form single or anastomosing fibres. Between the meshes of the net of fibres he adopts the presence of saline solutions, products of decomposition, and even unorganized albumen for nourishment. In regard to the true existence of such a net of molecules, the author refers to the peculiar fibrillous structure of the ganglion cells, of the axis cylinder, of the muscular fibres and the gland cells; although he believes that these visible fibrillæ, are in reality, fascicles of still more minute fibres. This body, the organized net, plus the solutions, represents the soft-solid condition of the substance of the living cell, viz: the protoplasm.

As now in these elementary fibrillæ the atoms must constantly be in a state of oscillation, it is evident, that each alteration will be transmitted from one atom to the neighboring one, and so on.

Consequently; since in the grey substance of the brain the most powerful vibrations during wakening, are produced by the formation of carbonic acid, these vibrations, like waves, are transmitted to all parts of the body. Each oscillation of the dissociating molecules of the body must increase the dissociation itself, that is, the consumption of force. During wakening, therefore, an increase of the consumption of the chemical potential energy ensues in all parts of the nervous system.

But the consumption of latent chemical energy in the grey substance of the brain, during wakening, is so important that, at the same time the absorption of oxygen can not keep pace with it, and so the grey substance loses more during wakening than it gains. The formation of carbonic acid, therefore, must constantly decrease, the explosions are diminished in number, and the brain gradually approximates to the state of drowsiness preceding the asphyxia, above described. In the same proportion, however, as during sleep the living molecules of the brain are again saturated with intra-molecular oxygen, the formation of carbonic acid increases. And, again, a stage will be reached, in which in the molecules the oscillations of the atoms increase, without the sum of their living forces seeming sufficient to produce that energy of dissociation, which the wakening state requires. So the intensity of the living forces of the intra-molecular oscillations must again increase by an increased formation of carbonic acid, until, either by a summation of these inner energies, or by external excitation, by a sound etc., a powerful wave, vibrating through the

brain, redeems a great number of dissociations, a copious formation of carbonic acid, followed further and further by numberless dissociations.

Wakening and sleep, therefore, depend, primarily for a given instant, not upon the sum of the potential energy contained in the brain, but upon the sum of living forces of the intra-molecular motions.

VIII. ON THE INFLUENCE OF THE VELOCITY OF THE BLOOD CURRENT AND THE QUANTITY OF BLOOD TO ANIMAL COMBUSTION. By Dr. D. FINKLER OF BONN.

Pflüger's Archiv X. 7.

The author communicates the results of a series of experiments, by which he demonstrates that the *consumption of oxygen is absolutely independent*, of course in certain limits, of the velocity of the blood current, a law which is, very probably, equally binding in regard to the excretion of carbonic acid. In these experiments the retardation of the blood current was effected by bleeding, and it is undoubtedly of great interest, that a diminution up to one third of the normal quantity of blood, produces no alteration in the consumption of oxygen. This fact adds a new and heavy argument to the theory of Pflüger, (See No. 6) that the consumption of oxygen takes place in the tissues only, and that it is regulated by the cell itself.

IX. INVESTIGATIONS CONCERNING THE BRAIN. By EDWARD . HITZIG, OF BERLIN.

1874: Hirschwald, Berlin.

X. INVESTIGATIONS CONCERNING THE BRAIN. NEW SERIES. By E. HITZIG.

Reichert and Dubois-Raymond's Archiv. 1874, IV.

In 1870, that is, about three years before Ferrier, Hitzig and Fritsch in a paper, published in Reichert's Archiv, overthrew the dogma of the inexcitability of the cortical substance of the cerebrum, which, since the time of Flourens, was a governing fact in physiology. In the present volume, etc., Dr. Hitzig recapitulates his researches in a more complete form, and adds a new series of interesting results from recent experiments.

By the application of very weak galvanic currents to the cerebrum, Hitzig and Fritsch, find it possible to localize certain com-

bined muscular contractions to certain spots of the grey cortex; and all those circumscribed spots, in which the weakest current produces a contraction, the authors call "for brevity's sake," a *center* of the muscles of the fore or the hind leg, etc. A slight displacement of the electrodes, generally excites the same extremity, but other groups of muscles, so that, for instance, instead of a flexion an extension occurs, etc. By the extirpation of the parts of the cerebrum, belonging to those centers, a disturbance of the voluntary movements in the same muscular regions is effected.

Fritsch and Hitzig, by this manner, discovered in dogs, *five* such centers, to which the latter now adds *six more*. All these eleven centers belong to the parietal lobe of the cerebrum. Numbers one to four are situated around the sulcus cruciatus, (Leuret,) which stands vertically to the scissura pallii, at the border between the anterior and the parietal lobe. Four, the center for the muscles of the hind legs is located near to the scissura pallii, a little behind the sulcus cruciatus. Three, the center for the flexors and the rotators of the fore leg, a little more laterally and more to the front than four. Two, the center for the extensors and abductors of the fore leg, still more laterally and more to the front than three; and one, the center for the muscles of the neck and the trunk, considerably more to the anterior and median part. Six, the center for the tail, and seven for both extremities, on one side, are exactly between three and four, so that six borders on four, and seven on three. Five, the center for the movements and the protection of the eye, lies near the border of the parietal and the occipital lobe, about in the middle between the scissura pallii and the anterior upper edge of the fossa Sylvii. Just before the upper end of the foss Sylv. is located eleven, for the movement of the ear, the posterior part of it extends over the sulcus, so that it belongs really to the temporal lobe. Eight, nine and ten, the centers for eating, belong to the lateral and the lower part of the parietal lobe; eight, for the movements of the tongue, and nine for the opening of the jaws lie more anteriorly, while ten for the closing of the jaws and the retraction of the corners of the mouth and the tongue more posteriorly.

The most remarkable and interesting peculiarity now, of all the muscular contractions, produced by excitation of one of these centers, is that they are co-ordinate actions, such as the animal executes voluntarily. By the excitation, for instance, of the center, not larger than the head of a pin, which regulates the muscles for moving and protecting the eye, these are set into

action which, in reality, are innervated from very different nerves, the functions of which, however, stand in close relation or connection to each other.

Another interesting peculiarity of the muscular movements, produced by the excitation of these centers, is worth mentioning; that they are one-sided in the extremities, but double-sided, concerning the muscles of the neck, the trunk, the tongue and the face. This fact seems the more interesting as it has been observed long ago by pathologists, that paralytic affections, produced by morbid conditions of the cortex cerebri, are often only explicable under the supposition of functional co-operations, although hitherto, no direct anatomical relations could be recognized.

In the new series of experiments, Dr. Hitzig describes the results of an injury or of an entire extirpation of the gyri, a, b, c and d, in consequence of which no motory disturbances of any kind were effected. The four gyri are located in the anterior lobe of the cerebrum, in front of the sulcus cruciatus; d, bordering the sulcus; a, in front of d; b, below a; and c, a little laterally and below the gyrus b. These facts are of the highest importance, as they on the one hand, confirm the results obtained by galvanic excitation of the above centers, and on the other hand furnish a new proof of the hitherto much doubted question of true localizations in the cerebrum. There are groups or centers in the cerebrum, which stand in direct relation to motor organs of the body, and others which do not. This is a fundamental principle. Small, although, the results seem to be, they furnish a basis for a true scientific explanation of phenomena, which, up to the present time, were hidden in darkness. In this relation, Dr. Hitzig also turns his attention to all secondary degenerations, which were occasioned by the injury of the gyri, on which he experimented, of which a more complete account will be given in a subsequent paper.

XI. EXPERIMENTAL RESEARCHES CONCERNING THE FUNCTIONS OF THE BRAIN. By Prof. H. NOTHNAGEL OF JENA.

Virchow Archiv 57, pag 184; 58, pag 420; 60, pag 129; 62, pag 201.

While Hitzig was exploring the grey cortex of the hemispheres, Nothnagel directed his attention more to some inner regions of the brain. He experimented on rabbits, by destroying certain parts by chromic acid injections, or by the use of a very fine trois-cart with opening springs at the end, which he carefully intro-

duced into the brain, through small openings in the skull, and by the rotation of which, after opening the springs, an entire tearing up of the tissues was effected.

I. *Nucleus lenticularis*, (*corpus striatum externum*; the second ganglion of origin of the crusta of the cerebral peduncle, Meynert.) An injury or a destruction of this nucleus is always followed by a decided motor paralysis, while the sensibility of the skin remains intact. In whatever point we strike the nucleus, a deviation of the legs will be produced to which an injury of the anterior and middle part adds a curvature of the spine. It is, therefore, evident that the nucleus for the most part contains motory roots. This is in accordance with the anatomical investigations of Meynert, and with the pathological fact, that apoplexy and softening of the nucleus lenticularis are connected with very decided hemiplegia.

II. *Nucleus caudatus*, (*corpus striatum internum*; the first ganglion of origin of the crusta of the cerebral peduncle, Meynert.) An injury of this nucleus, as Magendie has stated, is characterized by two different orders of phenomena. When the chromic acid strikes a certain point near the edge, bordering the ventricle, the animals begin to jump straight forward or "*en manège*;" then they rest, jump again, followed by shorter pauses of rest, until after 5 to 8 minutes, they fall, but still vehemently flexing and stretching the legs. After one-quarter to one-half hour they are lying exhausted on the floor; then they seem to recover, but, at the most, after 18 hours they die. Nothnagel calls this remarkable spot the "*nodus cursorius*."

When the acid destroys a larger part of the nucleus, phenomena of quite a different character occur. This second group is analogous to those which are observed, when the posterior part of the nucleus is injured, that is, they are followed by exquisite motory disturbances, quite in accordance with clinical observations.

III. *The cornu ammonis*, (*pes hippocampi*.) Neither by irritation with a needle nor after a destruction by chromic acid do disturbances in any direction occur; but most animals die soon of meningitis.

IV. *Thalamus opticus*. a, Slight injuries at the surface were borne without any effect. b, Deeper stitches produced a temporary deviation of the legs on both sides. c, Injuries of the posterior half, at the base, extending to the *pedunculi cerebri*, produced a turning around of the head to the other side, deviation of the legs, *manège* movements, but no disturbances of sensation. d. A horizontal division of the thalamus is followed, at the momen

of the dissection, by a motion of but short duration, of the animals to the side which was injured, afterward they turned around to the uninjured side. The hind legs did not participate in these movements.

V. *Extirpation of both nuclei lenticulares.* All spontaneous and voluntary movements were annihilated. The animal sat motionless; the head, the limbs, the whole body remained in any position given them; a slight irritation of the skin produced a slight contraction of the parts touched; more violent excitations were followed by a single jump forward, but the animal was not capable of avoiding any obstacles. The hemispheres were intact, but they acted as animals in which these were removed. There can not be any doubt, but that the tracts of all the different nerves, by which voluntary motor impulses are effected, were interrupted. But the peculiar reflex movements as above stated, show, that below the nuclei of origin of the crura of the cerebral peduncle, a mechanism exists, by which in answer to an external sensorial excitation some regulated movements may be accomplished. Meynert in his anatomical researches concludes, that this mechanism, most probably, is located in the ganglia of the tegmentum of the crus cerebri, in the optic thalamus and in the corpora quadrigemina. Nothnagel believes, therefore, that the nucleus lenticularis combines in itself all the nerve tracts which conduct the voluntary motor impulses (psychomotory impulses! Meynert,) from the cortex of the hemispheres into the lower tracts.

VI. *Extirpation of both nuclei lenticulares and excitation of the nodus cursorius.* By this experiment the author shows, that the extirpation of the nuclei does not affect the excitability of the nodus, but produces this remarkable conduct. The animals, striking against an obstacle, come to a permanent rest, retaining exactly the same position of the extremities, as at the moment the stroke occurred; by pinching the tail they again begin to run, etc.

VII. *Destruction of both nuclei caudati.* As long as the point of the needle is stirring around in the ganglia the animals sit motionless. From one-quarter to two minutes afterward they jump down on the floor, and violently run through the room; reaching a corner they try to ascend the wall, avoiding all obstacles in their way. Striking an obstacle, however, they rest until they are forced to renewed movements, especially by sensations of the eye or the ear. This last phenomenon is very characteristic.

The experiment shows that after an entire destruction of both corpora striata, the voluntary movements are not impaired so long

as the nucleus lenticularis remains intact. It is evident, hereby that the theory, that the latter contains centers of the psychomotor tracts, is highly supported. Nevertheless we must suppose that the corpora striata, also stand in some relation to motory actions. Meynert in a recent paper, (*Archiv für Psychiatrie* IV. 2,) points out, that, physiologically, the excitations of the corpora originate in the cortex of the cerebrum, and that these bodies do not give rise to reflex actions. It has been shown, in the foregoing that the psychomotor impulses by the way of the nucleus lenticularis pass over into the crusta of the cerebral peduncle, that is, the base of the crus cerebri with its ganglia. If now, on the other hand, the corpora striata are anatomically connected with the latter, and as it further seems more than probable that the corpora are excited by impulse from the cortex cerebri, while finally they give origin to motor actions by a direct excitation, the question arises, how is all this to be understood? Nothnagel concludes that the *nucleus caudatus* stands in relation to all those combined motor actions, which originate by a psychical act, and which continue, as if automatically, without any further voluntary motor impulses. By the nucleus lenticularis, each single muscle is innervated, and the most complicated muscular actions may be performed; by the corpora striata, only combined movements of *certain* muscles will be set in activity, which seem to proceed originally and in the beginning from the cortex cerebri. Each movement produced by the nuclei lenticulares is extinguished with the exciting voluntary motor impulse; those by the corpora striata surpass in duration the original excitation.

VIII. *Destruction of the thalami optici.* Meynert, in his anatomical expositions, concludes, that the tracts of the tegmentum of the crus cerebri and its nuclei of origin, viz.: the thalami optici and the corpora quadrigemina, do not conduct any voluntary motor impulses. The thalami are anatomically in connection by *centripetal* tracts with sensorial peripheric expansions; by *centrifugal* tracts with muscles, and, again, by *centripetal* tracts with the cortex cerebri. The thalami, therefore, transmit those combined movements, which, unconscious or reflex, originate through an excitation of the sensorial peripheric layers. These, at the same time, by the other centripetal tracts, are conducted to the cortex, and fixed in its ganglia. These fixed images or conceptions of movements, then, render it possible to generate voluntary and conscious movements.

The experiments of Nothnagel support this most ingenious hypothesis of Meynert. The destruction of the thalami optici

produces no motor paralysis whatever, and no anæsthesia of the skin. The tracts, therefore, for the innervation of voluntary movements do not pass the thalami, and we must conclude that they are only excited by peripheric sensorial impressions.

XII. RESEARCHES INTO THE MOTORY FUNCTIONS OF THE CEREBRUM. By Prof. M. SCHIFF OF FLORENCE.

Lezioni sopra il systema nervoso encephalico, Fierenzi, 1874, p. 529, ff.

As having a close connection with the researches of Hitzig, the communications recently made by Schiff, may be of equal interest to our readers, and we quote from these, the following:

I. "Everything, which destroys, or suspends momentarily, or diminishes the sensibility, annihilates the movements produced by the excitation of the cerebral cortex, and neutralizes the excitability of the anterior lobes of the cerebrum!" Schiff demonstrates the truthfulness of this statement, by putting the animals, (dogs,) on which he experimented, before opening the skull and during the application of the galvanic current to the centers, under the influence of chloroform, ether or other narcotics. No effect whatever was observed, not even at the moment, when the first automatic movements again commenced, and when the limbs, the eye, etc., again responded to local irritation. As the excitation of all true *motory* centers and tracts are not impaired by anæsthetics, and as the author thinks it not justified, to presume an exceptional case in regard to the brain, he concludes, that the excitation of the so-called motory centers of the cortex cerebri display merely movements of a reflex nature.

II. But without employing a narcotic, it is possible, in a normal animal, to suspend all reflex actions, at least for a time, while the excitability of the motor nerves remains intact. This is performed by occasioning a very rapid artificial respiration. When, in consequence of the more rapid movements, the pressure of the air reaches a certain degree, the respiration ceases, and the animal falls into a state of asphyxia, in which it remains for some time. Then the excitability of the brain is entirely annihilated, but, after automatic respiration has recommenced, it regains its normal condition.*

III. Hitzig and Fritsch pointed out, that the excitation of the "motory centers," by induction currents, does not produce a true

*In regard to this fact we call the attention of our readers to the foregoing two articles of Prof. Pflüger.

tetanic contraction, as was expected. It seems, that a tetanic contraction will be unavoidable, if an interrupted, induced current passes a motory center; but it is something very different if we have to deal with a sensory center, which is excited by an unforeseen sensation of contact. The induction current produces an uninterrupted sensation of contact, but such a contact is no longer an excitation. It excites only at first, and, if continued, is not exciting, or in a less degree, than in the beginning. The effect of the induction currents, therefore, favors the views of Dr. Schiff.

IV. Of still greater importance is the effect of one single shock of an induction current. At first we notice that a single induction shock, which has a powerful effect upon a motory nerve, affects in a much less degree the disseminated motory center, than the simple closing of a battery. Just the contrary we observe in the motory nerve. But, before we explain the cause of this difference, we will note another interesting peculiarity.

It is well known that, if with a common induction apparatus, and with a battery of relatively small resistance, one after the other, an induction shock, produced by opening and closing a weak current, *can be* discharged upon a motory organ, *without* any effect. If the intensity of the induction current is increased until it acts, then the opening current induces a contraction, while the closing shock is still without any effect. By applying now a simple induction shock to the so-called motory centers of the cerebrum, an opposite phenomenon occurs; the closing shock is the first which acts. How is this to be explained?

The preponderance of the opening shock is apparently due to the fact, that here the same quantity of electricity passes through the animal conductor in a much shorter time, than at the moment of the closing of the current. The duration of an opening shock is an extraordinarily short one. We can assume that after the one-thousandth part of a second, no physiological effect in an animal conductor is induced. This momentary action is, however, sufficient to cause a powerful effect in a motory apparatus and to produce pain in nerves, which respond to such excitations. But where we are only capable of exciting the sensation of contact, it requires a much longer time to induce an effective excitation. A sensation which lasts only the one-thousandth part of a second, escapes our notice, and induces no reflex action, even when it extends over a large part of the body.

It is, therefore, evident even if the excitation by the opening shock is weaker, during each moment, than during the closing

current, that this will be compensated by the duration of the excitation. This is ascertained by the application of continuous currents. Such a current is more effective than an induction current, and this is due to its longer duration.

Schiff now shows, by an experiment, in which the current could be interrupted to his liking for a longer or a shorter time, by the use of a rotating wheel, that for a certain strength of action of the battery, a one three-thousandth part of a second was sufficient to induce a contraction, by exciting the lumbar enlargement of the spinal cord, while an effect by exciting the centers of the cerebrum did not result until after the one-two hundred and sixty-eighth part of a second; a duration of the current was necessary here about ten times longer than in the motor tracts. These figures, of course, varied in other experiments, but the result was always essentially the same.

V. Already Helmholtz has observed, that the excitation of a motory apparatus induces a movement in a much shorter time, than that of a sensory one, which occasions the movement by reflex action. This is true, even when we reduce the time considerably for conducting the sensation to the center. The conversion of a sensation into a movement in one and the same center, requires a certain time. It is, therefore, evident that, if we measure the time, which elapses between the moment of the excitation of a center, and the beginning of a muscular contraction, we may decide with much probability, if we have to deal with a *motory* or with a *reflex* center.

Also, by employing this method of investigation, Dr. Schiff comes to the conclusion above stated.

VI. The author finds another proof of his view, in the peculiar character of the movements in question, in consequence of an extirpation of those cerebral centers. The description of them, given by Hitzig, seem correct. They evidently display the results of a destruction of the sensation of touch without any true symptoms of motor paralysis. Schiff has, in dogs, extirpated some, in other cases all of these so-called motory centers, and never observed a change in the energy of the movements, but undoubtedly, in regard to the confidence and the firmness with which the animal acted. The animals displayed the symptoms of a true locomotor ataxy, which the author demonstrates in detail by some further experiments.

"We are not aware," the author then concludes his article, "of any fact, which establishes the true existence of motory centers,

for the movement of muscles, in the cortex of the cerebrum, but a series of quite recent experiments, made in the physiological laboratory of Florence, have evinced, that a great part of the cortex commencing a little behind the olfactory lobes, and ending near the posterior quarter of the lobes, induces an acceleration of the movements of the heart, by the application of induction currents, an effect which seems in no way impaired during anæsthesia. These accelerations do not depend upon a change of the pressure of the blood. Their course passes through the roots of the accessory nerve, and through the branches, which follow the nervi laryngei superiores down to the heart. They do not, as far as is at present known, exhibit any peculiarity of reflex actions, and seem to be the effect of a direct excitability."

XIII. ON THE EXCITATION AND THE ARREST OF THE ACTIONS OF THE NERVOUS CENTERS. By Dr. A. FREUSBERG, OF STRASSBURG.

Pflüger's Archiv. X. 4, 5.

To the mysterious phenomena of the reflex movements in the animal kingdom, is added the well known fact, that these can be arrested under certain circumstances; for instance by volition, or in consequence of another sensory irritation, etc. In experiments, therefore, in order to obtain a clear feature of reflex phenomena, it was necessary first to remove the cerebrum from the animal. Thus, it was supposed to be possible to distinguish between centers of reflex action and centers of arrest, locating the former in the substance of the spinal marrow, and the latter in the brain itself.

But it was discovered, that the brain also was capable of liberating reflex movements, and the spinal cord was found to contain centers for arrest. The mystery of the fact, however, and the inner coherence of these phenomena remained unexplained. Dr. Freusberg, in his paper, attempts to solve this question by the following considerations, which are based upon authentic observations.

The author proceeds from the fact, that all parts of the central organs are provided with the same capability of being put into action by excitation of the sensory nerves, as well as by the stimulating constituents of the blood. Nevertheless, different centers differ in irritability. Certain, (the automatic) centers are most easily affected by blood stimulants, so that the normal change of matter preserves their activity, whilst they, first of all, react to

each deviation from the normal state. Furthermore, each center is prominently excitable by these sensory nerves which terminate in it, so that a slight irritation of the nerves induces the activity of these centers. Slight excitations, therefore, of certain sensory nerves are only followed by the movement of a certain and confined number of muscles. Yet, if the excitation increases, at a certain point, the effect will extend over other centers also, since, at least, the neighboring centers are nervously connected. Such extensions may be produced by sensory excitations, or by the stimulating condition of the blood. Thus, for instance, a slight touch of the paw of a frog, of which the brain has been removed, will cause a retraction of *one* leg, and the normal condition of the blood keeps up only the contraction of the muscles for respiration, whilst a severe pinch of the *fore* leg, also produces movements of the *hind* leg, and, in dyspnœa, quite a *series* of muscles will be seen in activity. The same phenomena, as by an increase of excitations, are observed when several simultaneous excitations are produced; an accumulation of effects takes place.

I. This occurs when a sensory nerve is placed under the influence of similar or different irritations in rapid succession; the leg for instance of a frog, from which the brain has been removed, dipped, after a slight mechanical irritation, into diluted acid, reacts more violently than without the preceding mechanical irritation.

II. A summation of effects occurs, when a sensory excitation, extending by its intensity over a series of centers of innervation, is followed by a new and separate excitation of one of those centers. Thus, each sensory irritation will be intensified, by first dipping the whole animal into diluted acid.

III. A summation occurs, when, at the moment of a sensory irritation, the whole central organ is affected by a stimulating condition of the blood.

In general, therefore, the state of excitation of a center increases its disposition of becoming excited, or in other words, the increase of the excitability and the state of action of a central organ are conditions similar in nature, but varying in degree.

From this point of view, various phenomena should be looked for. By what reason, for instance, are the automatic centers of the medulla oblongata so extraordinarily disposed to become excited by sensory affections, even of nerves, which are located far off? Why does an emotion influence the action of the heart, before any other muscle is moved? It is, because these centers are perma-

nently in a state of high activity, to which each impulse adds its increase of action.

To the same peculiar organization of the nervous system, the author traces back, originally, the possibility of all education; the power of creating indissoluble associations of sensations; the power of organizing conscious actions into more or less unconscious, or reflex operations. Also the effects of some toxical substances will appear in a different light. The peculiar power of strychnine, for instance, of seemingly increasing the reflex actions, is, very probably, due to its most violent action upon *all parts* of the nervous system as a *whole*, to its creating a general state of an increased excitability, because of which the effects of each new excitation, induced by constituents of the blood, or by a sensory irritation, appears so extraordinarily intensified.

Since now, in the foregoing, we have seen by what inner relations a summation of effects occurs, the question arises, under what circumstances an *arrest* is produced, when simultaneous excitations act upon each other. The author here refers to some facts first communicated by Goltz.

A gentle stroking of the back of a frog, from which the cerebrum has been removed, is followed by a loud croaking; this ceases instantly, when, at the same time, one of its hind legs is irritated, which causes a movement forward. But, on the other hand, this latter irritation never produces a croaking, as the stroking of the back does not liberate any movements. In the uninjured animal, both may occur, if the excitation has reached a certain degree.

It is evident, *two different centers* of innervation have been set into action, and *one* was stopped. But there is no reason to presume that the simultaneous excitation of the second one, besides producing a movement, should have created the arrest of the former by acting upon a center of arrest belonging to the same. All that may be concluded from the simple fact is, that the one excitation was responded to by a reflex action, the other not; but, since in this experiment, apparently, two different centers of innervations have been excited, it would naturally follow, that the organization of the nervous centers must be of such a kind "that *different centers can not be set into activity, at the same time, by different causes.*"

This in reality is the standpoint taken by the author, and we must confess, that he defends his position in a most successful manner. He analyzes and examines in this new light not only all,

that has been hitherto observed concerning the nature of the reflex operations, but also refers to the recent labors of Hitzig, Nothnagel and others, and adds a series of his own observations, in order to support his theory.

In general, the author believes, that the law of the so-called arrest of reflex movements, at present, can not more closely be defined than in the following terms: "that all those excitations hinder or prevent a reflex, induced by other excitations, which, exciting other centers of innervation, liberate other actions of the organism."

The central organ, therefore, almost counterbalances the excitations, to which it is exposed, in the process of which the most powerful one neutralizes the other, so that the organ, at last, reacts to the *difference* of the energy of both. "The energy of action, therefore, as well as the excitability of a center results from the sum of excitations which proceed to action, plus those which are already in activity, and minus the quantity or energy of those which, at the same time, are induced in other centers."

Nobody can serve two masters. We may look at the conduct of an animal. A dog sees a dog; by reflex action it associates itself with the other one; the call of its master excites another reflex; either the first or the second will be predominant, and be answered. It is a common fact, well known to everybody, that most persons will stop labor, quite unconsciously, when they are addressed by another person, or in consequence of a sensation by the ear or by sight. A child, which first begins to walk, balancing his little body by all the efforts of his mind, instantly loses his confidence, when his attention is called to another subject. And, even the most developed brain is confined in its display of operation to certain limits, beyond which it can not act.

Thus, the stoppage by excitation displays a most important fact in regard to the reflex operations, not only in the actions of the spinal marrow, but in the operations of the whole central nervous system in all of its parts. Thus the author recognizes the same mechanical organization in the cord, as in the substance of the brain itself, and vice versa.

XIV. THE VASO-MOTOR CENTER. By Dr. M. NUSSBAUM OF BONN.

Pflüger's Archiv X. 7.

Since Pflüger, in 1855, showed that the vaso-motor nerves pass through the anterior roots of the spinal cord, and that the electric excitation of the cord, after its separation from the medulla and

the brain, produces a contraction of the arteries of the mesentery, the point has been indicated, where to search for the vaso-motor centers.

When the spinal cord of a frog is cut through below the first vertebra, and the medulla oblongata and the brain have been removed, it is easy to observe an arterial contraction by exciting the spinal cord.

If the brain has been cautiously removed, without much bleeding, about five minutes after, the contraction, first produced, will be followed by a dilatation of the vessels, which lasts about two hours; but then the *rhythmical contractions reappear*, as they have been observed in the uninjured animal by Schiff, Saviotti, Riegel, etc. To mistake these *active* movements of the walls of the arteries for the pulse, can not very well occur, as they differ in time, and as the velocity of the blood current is affected in an opposite way by the action of these two agents. The systole forces the blood into the arteries, dilates its elastic walls, and accelerates the current, so that, *ceteris paribus*, at the depression of the wave, the current is the slowest, and the lumen of the vessel the smallest. But, if by an active contraction, the lumen is lessened, the current will be accelerated by the action of this new power.

The experiment is also successful when the cord has been cut through farther down, that is, below the plexus brachialis, and also in animals, which have been put under the influence of curare. With the extirpation, however, of the whole central nervous system the tonus of the vessels ceases entirely.

It is, therefore, evident that the spinal cord, by itself, like the medulla oblongata may induce a vaso-motory innervation, and that the medulla only contains the upper end of the vaso-motor center.

XV. ON THE CENTER OF THE VASO-MOTOR NERVES AND OF THE MOTOR NERVES OF THE UTERUS. By DR. W. SCHLESINGER, OF VIENNA.

Stricker, Medicinische Jahrbücher, 1874, 1.

Dr. Schlesinger in his investigations to determine the location of the vaso-motory centers, arrives at about the same conclusions as Dr. Nussbaum, (see the foregoing article.)

He experimented on rabbits; many facts from earlier experiments compelled the author, to conjecture, that a close connection might exist between the centers of the motor nerves of vessels, and those of the uterus, a conjecture which is confirmed by his recent researches.

Both centers extend from the medulla oblongata down into the spinal cord. In all cases, where the innervation seemingly was interrupted by a separation of the cord from the medulla, an injection of strychnine into the vena jugularis externa restored the excitability.

XVI. THE PARTS OF THE MEDULLA OBLONGATA, BY THE DESTRUCTION OF WHICH THE RESPIRATION IS ARRESTED, AND THE CENTER FOR RESPIRATION. By DR. GIERKE, OF Breslau.

Pflüger's Archiv, vii, 12.

XVII. RESEARCHES ON THE CENTER FOR RESPIRATION. By DR. P. ROKITANSKY, OF VIENNA.

Stricker, Jahrb., 1874, 1.

Both authors undertook, but without the desired success, to rediscover or to determine the existence of a certain group of ganglion-cells in the medulla, by the destruction of which, according to Legallois and Flourens, respiration should be arrested, and death occur.

The center of Gierke was found to consist of a fascicle of fine nerve-fibres, which originate in the nuclei of the vagus and the hypoglossus. This can not be taken for a center, in the true sense of the word, since it represents only the principle conductor for the mechanism of respiration, which, apparently, must be innervated by different groups of ganglion-cells, with which its fibres are anatomically connected.

Rokitansky employed injections of strychnine, after having divided the medulla at different heights, and communicates, that sections below the fourth ventricle, and at the border of the pons produce only a disturbance of respiration, which, for a time, can be compensated by the effect of strychnine, injected into the blood. The author, therefore, thinks it not admissable to conclude, that no parts of the center are located below the ventricle. On the other hand, the extirpation of the hemispheres of the brain, does not disturb respiration; but it ceases entirely, or the animals die soon of dyspnœa, when the extirpation extends down to the posterior corpora quadrigemina.

XVIII. PHYSICAL EXPERIMENTS ON THE SENSE OF EQUILIBRATION IN MEN. By Prof. E. MACH, OF PRAGUE.

Wiener Academieberichte, No. 25.

XIX. ON THE FUNCTIONS OF THE SEMI-CIRCULAR CANALS OF THE LABYRINTH. By DR. JOSEPH BREUER, OF VIENNA.

Stricker, Jahrbücher, 1874, 1.

XX. ON THE FUNCTIONS OF THE SEMI-CIRCULAR CANALS. By Dr. CYON.

Pflüger's Archiv VIII, pag. 306 ff.

XXI. ON THE RELATION OF THE SEMI-CIRCULAR CANALS OF THE LABYRINTH TO THE EQUILIBRIUM OF THE BODY. I EXPERIMENTAL PART. By DR. H. CURSCHMAN, OF BERLIN.

Archiv für Psychiatric, v. 2.

The fact, first discovered by Flourens, (*Recherches expérimentales*, etc., I. edit. Paris, 1842, p. 442 ff.) that an injury of the semi-circular canals of the labyrinth affects the state of equilibrium of the body, found, some years ago, its profound interpreter in Goltz, (*Pflüger's Archiv* III, p. 172, ff.) The present four articles affirm the fact, and are especially devoted to a physical explanation of the phenomenon. Cyon seems inclined to believe, that the three canals stand in relation to the three dimensions of space. The question, most discussed, is the part which the endolymph takes in the function of the organ. According to Goltz it acts directly and only by its pressure, whilst Mach and Breuer reject the theory, as being physically unsustainable. They assume that the nerves of the ampullae must respond to each excitation, (which of course is affected by vibrations of the endolymph,) with a sensation of rotation. It is indubitable, that, by the movements of the endolymph, we are informed of the actual position of the head, and, by this, of the whole body. Each movement of the head causes the fluid contents of one of the canals to flow in an opposite direction, which is perceived as a rotation of the head in the plane of this canal. The slightest injury producing abnormal currents, (by an effusion of blood or an emission of the endolymph,) immediately embarrasses the correctness of our judgment. This is only temporary and of but short duration, when the injury is one sided, but permanent, even after a perfect healing of the wounds, when the canals on both sides are damaged. As the organ for rendering possible a perception of the stabile position of the head, and its rectilinear movements, Dr. Breuer claims the otolithes and their relation to the macula acustica. All authors agree with the words of Goltz: "The semi-circular canals of the labyrinth are the organs of sense for the equilibrium of the head, and, indirectly, of the whole body."

BIBLIOGRAPHICAL.

BOOK NOTICES.

On Paralysis from Brain Disease in its Common Forms. By H. CHARLTON BASTIAN, M. A., M. D., F. R. S., &c., &c. With illustrations. New York: D. APPLETON & Co., 1875.

Dr. Bastian is especially qualified for the work which he has attempted. He is the Professor of Pathological Anatomy, in the University College, London, and Senior Assistant Physician to the National Hospital for the Paralyzed and Epileptic. He is well known to the profession by his previous writings. These lectures attracted attention, as they were published in the successive numbers of the *Lancet*. They occupy a field hitherto almost neglected in the text books of medicine, one in which knowledge is much sought after, and the want of it much felt. There are many difficulties in the way of progress in this direction. The small number of cases occurring in the practice of the ordinary physician, and his inability to devote the time necessary for accurate observation, virtually debar him from the field of investigation, and consequently impose this work upon those who have special knowledge and opportunities. All of these requirements are fully met in the case of Prof. Bastian. We do not propose a critical examination of the book. Its scope and aims as set forth by the author, are as follows:

“The lectures deal with the common forms of the affection, in such a manner that you may not only learn the principle variations which are to be met with in the grouping of symptoms, but also how far such vari-

ations are indicative of lesions of different parts of the brain."

For clinical purposes, the localization of pathological changes, rather than their character, is considered of primary importance, principally because the various conditions, as hæmorrhage, softening and pressure from diverse causes, present substantially the same symptoms. The differential diagnosis of causation, is made a secondary subject of consideration.

The volume contains eight lectures; the subject of hemiplegia is treated of, as to its causation, mode of onset, variations, symptoms, sensory impairments, alterations in nutrition, &c. One lecture is devoted to regional diagnosis, one to the cerebellum, its functions and symptomatology of its diseases, and one to the prognosis and treatment of hemiplegia.

In this notice we have mentioned the ability and opportunity of the writer, and the subject which has engaged his attention. The result is the book before us, and is such an one as we might have expected from the preceding favorable conditions. It constitutes a foundation upon which may be erected a superstructure which will substitute the exactness of scientific knowledge, for the uncertainty of theory and experiment.

Cholera Epidemic of 1873, in the United States. The introduction of Epidemic Cholera through the Agency of the Mercantile Marine: Suggestions of Measures of Prevention. By JOHN M. WOODWORTH, M. D., Supervising Surgeon U. S. (Merchant) Marine Hospital Service. Government Printing Office, Washington: 1875.

This report is made pursuant to a resolution of the Forty-third Congress, empowering the supervising surgeon of the United States Marine Hospital Service, in connection with a medical officer of the army, to confer with the health authorities and resident physicians of

such towns, as were visited by the cholera epidemic of 1873, and to collect as far as possible, all facts of importance with regard to such epidemic, for the purpose of making a report of the same, to the President of the United States, to be submitted to Congress.

Dr. Ely McClellan, Assistant Surgeon United States Army, was detailed by the Secretary of War, to assist Dr. Woodworth in the preparation of the report.

It consists of three separate reports. a, History of the cholera epidemic of 1873, in the United States, by Ely McClellan, M. D., Assistant Surgeon, U. S. A. b, History of the travels of Asiatic cholera in Asia and Europe, by John C. Peters, M. D., of New York. The same, in North America, by Dr. McClellan, and c, Bibliography of Cholera, by John S. Billings, M. D., Assistant Surgeon, U. S. A.

This is a most condensed and exhaustive report of the whole subject of cholera. The historical part of it gives information of the various epidemics in all countries. The bibliography of the subject, fills more than three hundred pages. Of the special epidemic of 1873, the facts and circumstances are minutely detailed. The conclusion drawn from the investigation is, that cholera is brought into the country in vessels from foreign parts; that it can be prevented by proper hygienic measures, and by "*prompt and authoritative information to threatened ports, of the shipment of passengers or goods from a cholera infected district.*"

The importance of such a report to the medical profession, in case of the invasion of the disease, can not be computed. The government has laid the physicians of the country under a lasting debt of gratitude for this work.

Materialism. By J. M. WINNE, M. D., M. R. C. P. London: 1875. Originally published in the *Journal of Psychological Medicine*, April, 1875.

The treatise is written in opposition to the views of materialists in general, and in particular to combat the address of Dr. Tyndall, before the British Association. He has made some strong points, and told some truths regarding the tendency of this school of thought.

"The modern materialistic school has done incalculable mischief, morally as well as scientifically, not only by spreading widely the flimsiest hypotheses, as if they were established truths, but even the English language is getting corrupted by the new philosophical nomenclature that has been adopted in the endeavor to make the new theories intelligible."

Transactions of the College of Physicians of Philadelphia.
Third Series, Vol. I.

It contains twelve papers read before the college during the year. Among them are the autopsy on the Siamese twins, and a report upon the surgical considerations in regard to the propriety of an operation for their separation. The other papers relate to the subjects of surgery, practice and materia medica.

A Supplement to the late Asylum Controversy, by Members of the Medical Society of Washington Territory. Olympia, W. T. 1875.

PAMPHLETS AND REPORTS.

On the Morbid Changes Occurring in the Blood Vessels of the Brains of the Insane. RINGROSE ATKINS, M. A., M. D., Assist. Med. Officer District Lunatic Asylum, Cork, etc. [Reprinted from the *Dublin Journal of Medical Science*, June, 1875.]

This paper was read before the Cork Medico-Chirurgical Association, April, 1875. Dr. Atkins first details

the methods employed in the preparation and mounting of the microscopic specimens which have been the subject of his study, and which he presented for the examination of his auditors. In the various manipulations enumerated, there is nothing of special interest to one accustomed to work in this field. The author treats only of morbid changes in the blood vessels, in this paper, but expresses the intention of dealing, at a future period, with the secondary changes occurring in the other constituents of this organ, viz.; the "cells," "neuroglia," &c. The conditions in the different stages of degeneration are noted in the order of their occurrence. And first, the stage of congestion or stasis, marked by distension and dilatation of the arterioles in which the lumen is in some instances increased in diameter, and packed with dark colored and disintegrating blood corpuscles, the walls of the vessels being in close apposition to the sheath and brain tissue beyond, and their several coats appearing as if thinned and fused together. In other cases the vessels are found quite empty, or with only a few blood globules adhering to their walls.

Should this condition be a persistent one, deposits are likely to take place outside of the vessels, between the outer coat and the sheath. These may be of haematoidin, fatty granular masses, or a finely molecular material which bears a strong resemblance to the spores of the *favus fungus*. (Dr. Batty Tuke.)

Accompanying or following upon these deposits, changes in the walls of the vessels are said to ensue. The continued distension brings about an inelastic condition of the coats, ampullations, fusiform dilations, and finally true aneurismal acculations take place. From the giving way of the walls thus stretched and changed, hæmorrhages occur. To Charcot and Bou-

chard we are indebted for our knowledge of the existence and character of these miliary aneurisms. Their views of their causation, character and results are succinctly stated, and microscopic specimens presented in illustration. The rupture of the aneurisms is a fertile source of cerebral hæmorrhage, and by the authors just mentioned, is considered as the one organic condition, alone worthy of being regarded as the direct cause of sanguineous extravasation. He next refers to the changes which take place in the effused clot, and directs attention to the condition of the vessels after the subsidence of the congestion and stasis.

"The vessels released from their state of tension recoil as it were upon themselves, and consequently, both their course, and calibre become changed." They assume a tortuous and twisted direction, bending and coiling upon themselves, and in some instances it is said "knots" and "kinks" are found. This condition is most common in the pia mater where there is little restriction from the medium traversed. The change in the calibre of the vessel, especially when passing through the cerebral substance is marked by a clear space surrounding the vessel. The various theories regarding the causes of this condition are given. By some it is considered as the normal perivascular space exaggerated, others look upon it as a dilatation of the cerebral tissue, which its nature is unable to return to its normal state upon the shrinking of the vessel. Others again consider it as the result of contraction from the hardening agents used. Dr. Atkins considers the spaces due to shrinking of the brain tissue from some cause what he does not state. He has observed fine processes proceeding from the vessel across the space. These processes or Deiter's cells as they are called, are said be small filaments running from the

vessels into the cerebral substance for their support, and are brought to view by the shrinkage of the tissue from the walls of the vessel. Obersteiner considered them as a means of communication between a lymphatic space surrounding each nerve cell and the perivascular lymph space surrounding the vessels.

Next are mentioned the structural changes taking place in the coats of the vessels. These are important as upon them depend many of the conditions of malnutrition of the brain. First, we may have all the thin coats thickened; again, in some, the inner coat alone may be thickened, while in others the muscular layer only is hypertrophied. It is said care is necessary in drawing conclusions regarding changes in the fibrous coat, as they may be produced by the agents employed, as glycerine, camphor, water, acetic acid, &c. He presented a specimen, "where by chance the vessel itself had fallen out of its containing canal, leaving the sheath slightly thickened, still adherent to the sides of the space."

Fatty metamorphosis of the muscular nuclei of a vessel with granular masses of a similar nature deposited on its walls is mentioned, and a specimen of this change exhibited. This is taken from the pia mater, and the oil globules are seen dotted over its surface and around it. This condition is considered by Bouchard as a secondary change, although he acknowledges that primary fatty changes do take place in the brain capillaries. The author, however, considers these changes in which the muscular nuclei were occupied by fatty granules as primary in character. The last change noticed is the atheromatous or calcareous, occurring chiefly in the vessels at the base of the brain. These often lead to local softening as in the specimen presented, in which the left middle cerebral artery is seen to be almost occluded by

calcareous degeneration of its walls. Portions of the brain supplied by it were thoroughly softened, and in points almost diffuent. Dr. Atkins concludes his paper with a brief picture of the clinical effects which may follow these morbid changes found in the cerebral vessels.

A Scotch Insane Asylum. [Reprinted from the *Boston Medical and Surgical Journal*, for August, 1875.]

This is a description of the Fife and Kinross Asylum of Scotland, so far as relates to peculiarities in the construction of the building and of the treatment of patients. It contains a letter giving the details written by the Superintendent, Dr. Fraser, in reply to a request from Dr. Chas. P. Folsom, Secretary of the State Board of Health of Massachusetts.

He says, "you ask me for the features which distinguish my asylum. I believe them to be; 1st, unlocked doors; 2d, the great amount of general freedom; and 3d, the great number on parole. In common with the Argyllshire Asylum airing courts are not in use. The great attention given to the occupation of the patients, and the large percentage of those employed, are characteristics of this Asylum, as well as of two others in Scotland."

There are accommodations for 280 patients, and these are classified in twelve wards, five for the men, of whom there are 110, and seven for the women, numbering 140. The doors of all of the men's wards, and of five wards upon the women's side of the house are left unlocked. There is an average of one attendant to twelve patients. Two wards for women are still kept under lock and key on account of the character of the patients. There are no iron window sashes, or iron guards in the house, but the lower sash of the windows

of the sitting rooms are protected by five-eighth inch brass rods running across them.

Occupation is sought for all, even of the disturbed and demented classes. Dr. Fraser quotes from his annual report.

“Attention is being constantly and increasingly directed toward the occupation of both sexes. At the present date, all male patients, with the exception of from five to eight, are sent out every day in parties, arranged according to their capabilities for work. Attendants accompany each set of workers. The head and sick room attendants are the only ones retained in the house. On the female side there are three work rooms. One devoted to the main sewing requirements of the house, and the others to the teaching and encouraging to work of the idle and demented. In these three rooms are above ninety patients. The laundry, the kitchen, and the house generally give employment to about forty more, so that the actually idle are reduced to a minimum.”

His testimony is decided and outspoken against the use of airing courts for women. It is summed up in this; “the airing court system permits every insane propensity to run to weeds.” This plan of great freedom, and unlocked doors coupled with constant occupation it is claimed, results; 1st, “in greater contentment and general happiness among the patients; 2d, better conduct in every one, i. e., less excitement; 3d, the preservation of the individuality of each patient; 4th, less degradation; and 5th, greater vigilance and care on the part of the attendants.”

This is certainly a good showing, and we are glad to know that this plan has been so successfully inaugurated and carried out. The greater freedom that can be allowed, consistently with the proper care and treatment of the insane, the better. We gladly hail every step in advance, but before we could advocate the adoption of such a system here, it would be necessary to make a comparison of the classes of patients received

into the institutions of this country with those in Scotland, and be sure of an advantage to be derived by sending the feeble demented classes out in squads to do pretended labor, for in most cases it must be a mere pretence, over allowing the relaxation and freedom obtained by voluntary exercise in pleasant airing courts, under proper supervision. There are also many other questions which would require a favorable response before we could consistently urge the trial of unlocked doors and compulsory occupation for all.

On Periodical Melancholia By WILLIAM B. NEFTTEL, M. D. A paper read before the New York Medical Library and Journal Association. [Reprinted from the *Medical Record*, of August 14, 1875.]

This paper consists of the recital of a case of periodical melancholia, together with some interesting remarks, regarding this form of disease. The case was treated by electricity, by galvanizing the cervical sympathetic. The peculiarity of application, to which the author attributed success, was the production, by the polar method of a condition of anelectrotonos, (or diminished irritability, by a strong current,) of the cervical sympathetic. This was employed after the failure of all other methods of applying electricity. The patient had been subject to repeated attacks during a period of twenty-three years; the last, however, yielded after treatment of less than two weeks duration. We quote some of the general remarks on the character of the disease.

To Guislain belongs the merit of having elucidated the fact that the great majority of all mental diseases begin with a melancholic stage, while Griesinger treated this psychical affection (psychosis) in close relation to nervous diseases in general, and Krafft-Ebing*

* Krafft-Ebing. *Die Melancholie. Eine klinische Studie.* Erlangen, 1874, p. 3.

pointed out the analogies of melancholia and neuralgia. Indeed, melancholia can be considered as a psychical pain, a neurosis, a psychical neuralgia of the sensory centers in the cortical substance of the brain, analogous to the neuralgias in the sensitive sphere of the cerebro-spinal axis. In neuralgias the irritability of the affected nervous apparatus is so much altered that the slightest external excitations, mechanical, atmospheric, etc., which would not be felt in the healthy condition, cause great pain. Even those slight but continuous excitations which depend upon the processes of circulation and nutrition, and are therefore normal stimuli, and quite imperceptible in the healthy condition, become a constant source of intense pain in neuralgia. The same is the case with psychical hyperæsthesia, called melancholia, with the only difference, that in neuralgia the affection is in the sensitive sphere, and manifests itself as bodily pain; in melancholia it is in the psychical sphere, and is felt as psychical pain and depression of spirit.

In the first case the pain is produced by external stimuli, mechanical, atmospheric, etc.; in the second, by psychical perceptions, ideas. In both cases a sympathetic affection in the motor sphere is apt to follow. Thus the part affected by neuralgia is instinctively kept immovable; in like manner the melancholic, affected by psychical pain, lacks power of will, energy and courage. Again, the convulsive movements which sometimes accompany neuralgia have their analogy in the psychomotor impulses for acts of destruction so often noticed in melancholies. Lastly, both conditions, neuralgia and melancholia, are sometimes combined in the same subject, and both are often caused by a hereditary disposition, the neuropathic constitution.

We have to distinguish two classes of melancholic affections, melancholia without delirium, and melancholia associated with insane ideas, delusions; though there are intermediate forms, and the first can pass into the other. Characteristic of melancholia is the impossibility for the psychical organ to produce any but unpleasant sensations; in other words, it responds with painful emotions to every impression, even to such as otherwise would be quite agreeable. As all the impressions from the outer world are felt in a most painful manner, everything appears to the patient changed and gloomy, and becomes an infinite source of psychical pain. "The painful perception of the outer world," says Krafft-Ebing,* "manifests itself clinically in a passive manner; at the beginning the patient seeks retirement, avoids all association, and remains

* Loc. cit., p. 5.

secluded; but afterward he becomes aggressive towards persons and things." His relations to the surrounding world have now entirely changed; he finds no pleasure in anything, nor can he be touched by the misfortunes of others, his own distress being much more intense than all beside. Thus he lives in constant solitude and apprehension. In cases of melancholia without delirium, the intellect remains intact; but as every psychical act augments the psychical pain, the patient avoids all occupation, becomes inert, undecisive and brooding over his own sadness. He feels weak, his sleep is insufficient and unrefreshing; he has headache, palpitation of the heart, bad appetite, and constipation; he loses flesh and becomes anæmic. All the morbid symptoms generally exacerbate in the morning, and with female patients especially during menstruation, while toward evening a slight remission sometimes takes place.

If the melancholic condition is not relieved spontaneously or by the efforts of art, or if it has not passed into some form of insanity, the patient usually becomes convinced that there is no remedy for his grief, and, driven to despair, he attempts, and often commits suicide. * * * * *

Melancholia is sometimes accompanied by an intense distress in the precordial region, with palpitation and irregular action of the heart, epigastric pulsation, and other symptoms in the sphere of the vaso-motor nerves—pallor and flushes of the face, cold extremities, contracted pulse, etc. These phenomena must be attributed to the cardiac plexus, and depend very probably on a vaso-motor spasm of the cardiac arteries, as in some cases of angina pectoris. Attacks of precordial distress in a moderate degree, happen, in my opinion, in every case of melancholia. In their highest development, (melancholia præcordialis,) these acute attacks, more than any other variety of melancholia, are apt to drive the patient to despair, to loss of mind, and to acts of destruction against things, persons, or his own life. * * * * *

As the delusions originate from, and are constructed upon the most unpleasant sensations of the patient himself, they must necessarily be of a painful nature. Thus, the intense precordial distress, which even in a healthy person is associated with fear, dreadful apprehensions, etc., in the melancholic gives rise to delusions of danger, of persecution and of death, embracing every imaginable variety of human misery and suffering.

A most frequent source of delusions in melancholics, are hallucinations, which, as may be easily understood, occur sometimes in

such nervous and exhausted persons. The patients hear voices announcing their cruel fate; they see bad spirits, or murderers threatening them; morbid gustatory sensations suggest the idea of being poisoned by enemies, etc. Such hallucinations are also the principal cause of the perverted and dangerous acts of melancholies. "Not unfrequently," says Krafft-Ebing,* "is suicide or homicide their direct consequence, and a desperate act of self-defence against imaginary persecutors. Sometimes the decision to remain mute and refuse all nourishment is induced by a hallucination—a voice prohibiting food and speech." Melancholia, with delusions, if not cured, ultimately passes into the passive or active form. In the first variety (*melancholia passiva, attonita*) the indecision and loss of energy in the patient leads to a complete abolition of all voluntary activity.

Those who have recovered from this affection describe the feelings of terror and suffering they have endured while in a state of obscured consciousness somewhat similar to a dream, and while unable to perform the simplest act, having lost all voluntary power. They, therefore, remain motionless in bed or in a corner, and finally scarcely react to external excitations. It seems as if there were an insurmountable resistance to the psychomotor conduction. In the highest degree of passive melancholia, the patients are in a state of catalepsy; the limbs are flexible as if of wax (*flexibilitas cerea*), and can remain indefinitely in any given, even uncomfortable position, following only the law of gravitation. There is a high degree of muscular and cutaneous anæsthesia and analgesia, and abolition of reflex irritability; but the vegetative and automatic functions, though considerably weakened, still continue. The eyes express anguish and awe. In the state of passive melancholia, the patients do not remain longer than a few months. Sometimes they are suddenly relieved from it as if awakened from a profound sleep; or they pass into some secondary form of insanity, or die during the acme of the disease from paralysis of the nervous centers.

In direct opposition to the passive melancholia is the active variety (*melancholia activa, agitans*.) The patient affected by active melancholia instinctively tries, and sometimes succeeds, to relieve his psychical pain and distress by muscular activity, by constant agitation and locomotion. It seems as if the patient, at the height of his suffering, and by enormous efforts, succeeds at last in overcoming the resistance in the psychomotor sphere, at least for a while. During such a paroxysm of agitation, he runs

* Loc. cit., p. 37.

about in despair, trying to destroy everything, his consciousness being partially or totally obscured.

The active melancholia, if not relieved in a short time, leads to death by exhaustion, or else passes into incurable dementia. * * *

From the study of the attacks in *periodic melancholia*, I have every reason to believe that the direct cause of melancholia is anæmia of the brain, perhaps only of some part of its cortical substance, induced by a vaso-motor spasm. This assumption is corroborated by the fact that the melancholic attack is accompanied by other phenomena in the vaso-motor sphere—the contracted pulse, the pallor and flushing of the face, the cold extremities, and especially the precordial distress, which latter in the form of angina pectoris, Landois and Nothnagel have shown to be sometimes a pure vaso-motor neurosis following a general spasmodic contraction of the arteries. The alteration of nutrition, the loss of flesh, and the other symptoms of melancholia, are the consequences of cerebral and general arterial anæmia, as I have had the opportunity of observing in the case of periodic melancholia. Of course it is not probable that a spasm should last during the whole melancholic attack, but judging by analogy of other spasmodic affections, the spasms may follow each other in more or less rapid succession, while their effect, which is the nutritive alteration of the brain, may continue during the intervals between the spasms. By admitting this theory, which is based on facts, the phenomena of melancholia can be satisfactorily explained, and the treatment becomes more rational and successful. * * * *

As regards the treatment of the disease itself it is necessary to bear in mind that the psychological organ in this state is unable to produce any but painful sensations, and therefore all kinds of excitation, all impressions, even pleasant ones, have to be avoided, and the patient must be advised to keep quiet bodily and mentally. A few days' rest in bed is sometimes the most beneficial remedy. Exercise, traveling, admonition, and religious consolations only aggravate the psychological hyperæsthesia. On the contrary, everything that produces relaxation of the vaso-motor spasm, and congestion to the brain, acts beneficially. Thus prolonged tepid baths and above all opiates, though only palliatives, often make life endurable, especially in the variety of melancholia with great precordial distress.

Other remedies which act similarly may also be tried, like inhalations of ether, chloroform, nitrite of amyl, chloral, etc. I have not tried alcohol, which also produces congestion to the brain, on account of its secondary injurious effects upon the system. Being

absorbed by the blood, alcohol retards the oxidizing processes and the tissue metamorphosis, which seem already weakened during the melancholic attack.

From my own experience I have every reason to believe that the most efficient remedy to abolish the vaso-motor spasm, to regulate the circulation of blood in the brain, and to improve its nutrition, is the galvanic current, applied according to a certain method the details of which will be given in a separate paper.

Transactions of the American Association for the Cure of Inebriates. Held in New York, September 24, 1874.

This report of the proceedings of the Association, at their annual meeting, is one of considerable interest, which attaches especially to some of the papers read. If the views presented in these were generally accepted, there would be no call for the further establishment of Inebriate Asylums, or indeed for the continued existence on the same basis, of those already in operation. The danger which threatened from the enunciation of some of the views presented, was clearly seen by the members of the Association who hastened to disavow them as the sentiments of the *meeting* and even moved to return one of the papers to the writer for "modification," as by the following resolution.

"Moved that the report of the Franklin Reformatory Home for Inebriates, Philadelphia, be accepted by the Association, and referred to the Committee on Publication. As the report did not fully accord with the published theory and views of the Association, it was closely criticised by several members, and it was further moved that the committee be instructed to return it to Dr. Harris for modification."

If Dr. Harris toned down his paper, at all, the first draft must have produced a shock to the sensitive nerves of those who sustained the resolution. He says, "as we do not either in our name or management recognize

drunkenness as the effect of a *diseased* impulse, but regard it as a habit, sin and crime, we do not speak of cases being cured, as in a hospital, but "reformed." Again, "while we do not regard drunkenness as a disease, there are few drunkards in whom the habit has not deranged one or more organs of the body; and hence we are obliged to treat many of them for sickness of the stomach, vomiting, diarrhoea, hæmorrhage from the bowels, &c. We must separate the habit from its secondary physical results. Alcohol is a poison, and aside from intoxication, as a primary consequence of an over-dose, we have secondary effects, in the way of a loss of appetite, insomnia, nervous prostration, inordinate thirst, &c., which, although diseased conditions are not a part of drunkenness itself, but manifestations of an indulgence in the habit."

After this physical condition has been met and overcome by appropriate treatment, he adds. "But he is *morally* the same drunkard that he was before, unless you have in some way touched the root of the evil in his moral nature."

"It is one thing to treat drunkenness, and another to reform the man himself. Drunkenness is only a manifestation, an effect, a consequence, but what produces it? We say alcohol." "What we have to deal with in the Franklin Home is not drunkenness so much, as the train of thought and feeling which induces a man to drink to drunkenness. We have to deal with a cause and to remedy it; rather than an effect manifested in a blunted moral sense and derangement of the physical health. If this effect is a disease, it is easy to remedy it, and make the man to all appearances healthy, but what are we to do with the cause? The antecedents, the cause and the consequences can not all be the disease. So many men all over the world drink, that

it would almost appear to be a normal thing for a man to do this; and it is only when we view the practice as the result of sin, that it can be properly understood. If the Almighty punishes as sin, what we regard as the effect of an irresistible disease, either He is unjust or we are in error."

In this, we think Dr. Harris has struck the key note that inebriety is not a disease, but a sin. The answer to the question, what treatment promises the best results is given in the paper by Dr. Crothers, on the management of inebriety at the Albany Penitentiary. The statistics of this institution, show that of the 24,590 persons committed during the twenty-seven years of its existence, 22,377 were inebriates, a greater number than have been received into all the inebriate asylums of the world.

With such an extensive experience in the medical care of this class, and, though recognizing it as "a disease of both the mental and physical powers," the treatment which is recommended, is only that of punishment for crime, viz., the ordinary prison discipline, or rather the extraordinary discipline which has given this institution a national reputation. To give the doctor's own words. "From these notes and records, it is proposed to show, that sharp military restraint and occupation of both body and mind are essential in the successful treatment of inebriety." Again, "the experience and success of this institution among the worst and least hopeful of patients, founded on two principles of military discipline, and occupation of body and mind indicate the most hopeful promise of future results." "The hints embodied in these facts, if carried out practically in an asylum, would be a clearer literal answer than is usually given to the oft repeated question." "Can you really cure a drunkard."

A Statement of the Relations of the Faculty of Medicine and Surgery in the University of Michigan to Homoeopathy.

This embraces a historical sketch of the efforts made to impose upon the University Medical College, a homoeopathic school of instruction, and also gives an account of the present condition of affairs. The Homoeopathic Medical College, as now organized, under the management of the Board of Regents, consists of two professors, one of "Materia Medica and Therapeutics" and one of the "Theory and Practice of Medicine." The students attend the lectures upon the other branches, anatomy, chemistry, &c., in the regular Medical College where they are duly examined "by those who teach them, and are to have their knowledge or want of knowledge in those departments certified to." There is no further or more intimate connection between the two schools.

The professors desire, in self-vindication to lay these facts before the profession as they have been assailed in certain quarters for retaining their connection with the college. The view which they take of the subject, is that homoeopathy must stand or fall by its own merits or deficiencies, and that these will be the more apparent by the position in which they are placed, and again that it would be an injudicious and cowardly act to desert the field and give up the contest at this time.

A Series of American Clinical Lectures. Edited by E. C. SEGUIN, M. D., Vol. 1, No. 7. *Capillary Bronchitis of Adults.* By CALVIN ELLIS, M. D., Jackson Professor of Clinical Medicine, Harvard College.

This series is published by Putnam & Sons, of New York, and embraces lectures on various subjects by some of the most noted clinical teachers and professors in this country. They are intended to present in com-

pact and economical shape, the most advanced thought, combined with practical instruction. They are published at an average cost of forty cents per number, and are prepared with reference to being bound together. The lecture to which we have referred in this notice is one of special interest and importance.

Rules and Regulations of the New York City Asylum for Insane, Ward's Island. Compiled by Dr. A. E. MACDONALD, Medical Superintendent, and approved by the Commissioners of Charities and Corrections, September, 1875.

These rules and regulations make some important changes in the organization and government of the Hospital. The medical superintendent is recognized as the responsible head, and as such is invested with authority over all the officers, attendants and employés. In place of a warden, who had full control of the conduct of the Hospital, outside of the mere prescribing of medicine, is substituted a steward, who is subordinate to the medical officer. This places the Institution upon the same basis as the State asylums throughout the country, and will result not only in multiplying its efficiency, but in putting a stop to those abuses and evils which were inseparable to a divided responsibility. The patients, the superintendent, and the commissioners are to be congratulated upon such a radical change, which lessens the dangers to the former, and promotes harmony of action between the officials to whose care they are confided.

Fracture of the Inferior Maxillary Bone. JAS. F. MONTGOMERY, M. D., of Sacramento, Cal.

This is the record of the successful treatment of two cases of multiple fracture of the lower jaw. A description of the apparatus employed is given, and also the bibliography of the subject. Great credit is due Dr.

Montgomery, both for the ingenuity exhibited in the origination of splints adapted to each case, for his skillful treatment of them, and for putting them on record for the benefit of the profession.

Hospital Construction. By EDWIN HUTCHINSON, M. D., of Utica.

This paper was read before the State Board of Charity of New York, in January last, and received the approval of that body. It contains a statement of the principles which should govern in the construction of hospitals, and the plan in perspective and in detail of a proposed hospital in this city. The plans are fully explained, and embody the most advanced views upon the subjects of heating, ventilation, and arrangement of the wards and service rooms. We heartily commend it to the attention of the profession.

The Extension Windlass presented to the American Medical Association, May, 1875. CHARLES DENISON, Denver, Colorado. [Reprinted from the *New York Medical Journal*, May, 1875.]

This is the description of an apparatus originally devised for the treatment of fractured patella, but which has since been simplified, and is now presented as applicable to all fractures when the use of extension is called for in their treatment. It is claimed to be simple in application, inexpensive and of great service to the surgeon.

A Study of the Normal Movements of the Unimpregnated Uterus. ELY VAN DE WARKER, M. D., Syracuse, N. Y. [Reprinted from the *New York Medical Journal*, April, 1875.]

A Lecture Delivered at the Opening of the School for Nurses in Charity Hospital, New York City, August, 1875. On the care of patients in the surgical wards, and the best means of saving life in certain cases of emergency. Prof. JOSEPH W. HOWE, M. D., Visiting Surgeon to the Hospital.

Annual Oration before the Medical and Chirurgical Faculty of Maryland, entitled, Contribution to the Medical History and Physical Geography of Maryland. JOSEPH TONER, M. D.

The Influence of the Climate of Colorado on the Nervous System. CHARLES DENISON, M. D., of Denver, Colorado. [Reprinted from the *Archives of Electrology and Neurology*, for November, 1874.

Mechanism of Reflex Nervous Action in Normal Respiration. AUSTIN FLINT, Jr. [Reprinted from the *Chicago Journal of Nervous and Mental Disease*, April, 1875.]

Preventive Medicine, an Address Delivered before the Medical Society of Erie Co. CHARLES C. GAY, M. D. [Reprinted from the *Buffalo Medical and Surgical Journal*.]

SUMMARY.

Dr. George Syng Bryant, Superintendent of the First Kentucky Lunatic Asylum, died on the 23d of June, 1875. He was recognized by his medical brethren as a learned member of the profession, a diligent student, a laborious observer, and a frequent contributor to its literature. By the Managers of the Asylum, he was commended as a faithful, energetic and devoted officer, who was constantly at his post of duty, ever anxious to relieve suffering, and tender and kind in the discharge of the delicate and difficult task of caring for the unfortunates under his charge. We can add nothing to the words of praise and regret which have already been expressed.

—Dr. R. C. Chenault has been appointed Superintendent of the First Kentucky Lunatic Asylum, *vice* Dr. George Syng Bryant, deceased.

—In the April number of the JOURNAL, we recorded the resignation of Dr. Joseph Workman, of the Asylum at Toronto, Ontario, to take effect at an early day. There were numerous applicants for his position, both from the States and from Canada, who presented strong testimonials of qualification, but choice was made by the government officials, of Dr. Gowan, of Dundee, Scotland. The *Toronto Mail*, of September 13, says: "It was rumored that long before this appointment, the Doctor had evinced symptoms of mental derangement, but which the organ government called mental prostration." Whatever his previous health, the superintendency of the Toronto Asylum proved too much for him, as within two months of his appointment it is said he attempted suicide, by taking ten grains of morphia, and that his life was only saved by the exertions of several medical gentlemen. He then left his post, and returned home. The opportunity of reading the government a lesson, on the dangers and evils of foreign appointments, was not allowed to go unimproved, and the case of the unfortunate Dr. Gowan, was used to point the moral. We hope the Doctor may recover his health, and never again assume such responsible and arduous duties, for we believe that "*sana mens in sano corpore*," is imperatively demanded in the person of a superintendent of a lunatic asylum. He must be above the suspicion of a mental taint, if he would retain the confidence of his patients or of the community.

Dr. Metcalf, who was for four years clinical assistant to Dr. Workman, and retained a like position under Dr. Gowan, has been appointed acting superintendent.

AMERICAN
JOURNAL OF INSANITY.
FOR JANUARY, 1876.

PROCEEDINGS OF THE ASSOCIATION OF
MEDICAL SUPERINTENDENTS.

The Twenty-Ninth annual meeting of the Association was held in the lecture room of the First Presbyterian Church, of the City of Auburn, New York, commencing at 10 A. M., of May 18, 1875.

In calling the meeting to order, Dr. Charles H. Nichols, the President, said:

In announcing the opening of the twenty-ninth annual meeting of the Association of Medical Superintendents of American Institutions for the Insane, I can not forbear to offer to the members present my earnest congratulations upon the favorable auspices under which we meet this year. I congratulate you brethren upon the continued health of yourselves and families, and the prosperity of your respective institutions that have enabled you to attend this meeting and participate in its exercises and benefits; upon the privilege of belonging to an Association which now possesses an age, it having entered upon the fourth decade of its existence, and a body of invaluable doctrine relating to the wants and claims of the insane, a history of usefulness to the most helpless and needy of our fellow-men, a position of respectability before the American community which confers honor upon every name inscribed upon its roll of membership; I also congratulate you upon that steady increase, in the public mind, of a more correct knowledge of our science, and of a more just and general appreciation of the practical value of our art which underlies the earnest and effective efforts that are being so generally made, in the United States of

America, and in the United Provinces of the Dominion of Canada, to provide for the most humane and enlightened care and treatment of all classes of the insane.

Let us congratulate ourselves, brethren, that of the thirteen noble men who founded this Association more than thirty years ago, and in the first years of its organization put forth many of the most valuable principles that now guide, sustain and defend us in the discharge of the delicate and responsible duties of our calling, five are living in the enjoyment of a good measure of health, and of all the honors that follow distinguished usefulness in life, to enlighten and guide the specialty and the public with their counsel and influence. Three of the founders of the Association are living, in honorable retirement, while two of them are unexcelled in the efficiency and wisdom with which they conduct large institutions for the insane, and one is present this morning with no appearance of abatement of vigor, after an uninterrupted and very distinguished service as superintendent, of more than a third of a century. I can not too earnestly commend the practical wisdom and untiring benevolence of the fathers of our noble branch of the profession of medicine, to the study and emulation of those who have followed, and shall follow them in the great work of humanity, which it is the object of this Association to promote.

We will not fail to felicitate ourselves on having the honor and benefit of the company, on this occasion, of one of the most distinguished and useful of the noble Englishmen that have illustrated our specialty, both by his pen and his practice, Dr. John Charles Bucknill, F. R. S., the Superintendent for many years of the Devonshire Asylum, the author of the very valuable works that are familiar to us all, and now Lord Chancellor's visitor of the insane.

Prayer was offered by the Rev. Dr. Condit, of Auburn, New York.

The minutes of the last meeting were read.

The Secretary also read the notices issued in regard to the change of the place of meeting, from Stockton, California, to Auburn, N. Y.

On motion of Dr. Gray, it was resolved that the action of the officers of the Association, in regard to the change of place of the meeting be approved.

Letters were read from Drs. Jarvis, Shew and De-Wolf, expressive of their warm interest in the Association, and regret at their inability to attend this meeting.

Dr. KIRKBRIDE. Mr. President. Before proceeding to the usual business of the Association, I beg leave to move that our distinguished brother from the other side of the water, Dr. John Charles Bucknill, be elected an honorary member of this Association, and invited to participate in its discussions. I also move that the formality, that would generally be adopted by the Association, be dispensed with in this instance. Dr. Bucknill is so well known to us all by his long services as a Superintendent, his writings and his high personal character, that I think we owe it to ourselves and to him,—unless some one differs from me in opinion,—to act as I have suggested.

Dr. GRAY. I second the motion, and in doing so, I am delighted to think that the first honorary member of the Association should be so distinguished a gentleman.

The PRESIDENT, (Dr. Nichols.) I have no idea that there will be any objection, either to the motion or to the manner of putting it. I hope it will not be referred, and that it will be carried *viva voce*.

The motion of Dr. Kirkbride was unanimously adopted.

Dr. BUCKNILL. Mr. President and Gentlemen. I beg leave to tender to you my sincere thanks for the very great honor you have done me. I do indeed esteem it a great honor, and feel it a great pleasure to meet my brethern in work and research at this annual gathering. When I return to my own country I anticipate that the information of the benefit which I have derived in the reception which you have given me, will induce other members of the specialty on my side of the water to avail themselves more frequently in future of personal communication with their brethren on this side. It seems to me that it is of enormous advantage to scientific men in this and in my own country, that they should mutually have a friendly competition, and an appreciative audience outside of their own country, so that their opinions may be sifted and their practice criticized, not by entire strangers and foreigners but by an audience, to a certain extent, generic. The benefit which may in the future thus be derived by the criticism in Amer-

ica of English science and practice, and the criticism in England of your thought and work, may, I trust, in future years, be developed very fully, and to the large advantage of both countries. May our intercourse ever be as frank and friendly as I have found it. I thank you sincerely for the honor of electing me to be a member of your most useful and important Association.

The PRESIDENT. The chair learns with pleasure that the Hon. T. M. Pomeroy, the Mayor of this beautiful city is present. The Association would be glad to hear any expression with which his Honor may favor us.

Hon T. M. Pomeroy, Mayor of the City of Auburn, welcomed the Association to that city.

Gentlemen of the Association: Through the kindness of the gentlemen of the medical profession of our city, the pleasant duty has been assigned to me of welcoming you here. We are very proud of our little city, and, therefore, proud of the honor you do it, by making it the seat of your approaching deliberations, and I beg to assure you, that small as it is, its welcome to you is as hearty, and its hospitality shall be as generous as any city of the continent could furnish. While great in scientific acquirements, you are but few in number, and of but limited *advoirdupois*, and it is to the latter only, that even the metropolis of the country could minister during your brief consultations, and if twenty thousand people can not minister to your few requirements, more cooks would spoil the broth. While gratifying to all, your assemblage is especially gratifying to your brethern of the medical profession, who have looked forward to this meeting with no common interest, and most of all to him who so worthily graces the eminent position of superintendent of the only public asylum on this continent, exclusively devoted to the treatment and care of the criminal insane. For the compliment you do him, you also have our thanks.

Time was, when science bore a horrid and a dangerous front, when, like Joshua of old, Galileo commanded the sun to stand still and then, greater than Joshua, sent the world whirling into the depths of space. The Church stood aghast, and commanded Galileo to recant. And then geology took its auger, and went boring into the earth's strata, until the six thousand years of Moses failed to reach the birth of Adam, upon a world then old in its countless evolutions, and then faith even, was inclined to stumble.

But all truths are found at last to be consistent with each other, and no claimed truth is truth which is inconsistent with any other,

and so in the recognition of this axiom, religion and science have embraced each other, and you meet in the chapel of the old First Presbyterian Church, with the benediction upon your labors, of the Theological Seminary, which is its pride, in the assurance that religion has ceased to fear that the tables of the law will ever crumble under the blows of geological investigation, or the cross of Christ be undermined by scientific inquiry.

You are comparatively the pioneers in a new field of scientific research. For centuries, conquest after conquest has been made in the field of natural science. Matter inanimate, with its nervous forces of electricity and magnetism, has attracted man's highest capacities, until he himself stands aghast at his own discoveries, in the mysteries of creation. Animate organization from fossils to the human species, has been steadily classified, and its various functions, and the relations of the various parts made matter of exact knowledge. But nature and revelation alike, teach within the physical man, another and a higher, and an eternal life, we call it soul; we clothe it with moral and intellectual faculties; we say that by the nerves, it executes its will upon the machinery of our bodies, that it has self-consciousness and individual responsibilities. But somehow or other from the earliest period of man until now, here and there, among the highest and lowest, the learned and the ignorant, the silver cord that bound in harmony these moral, intellectual and physical manifestations, has been loosed, and simply to designate a condition, it has been called insanity. And there, until recently, investigation has stopped, very much as it rested with the question of atmospheric pressure, when it was ascertained that water rose in a vacuum, philosophy explained it by saying that nature abhorred a vacuum, and when it was further ascertained that beyond the height of thirty-two feet, water would not rise in a vacuum, it was as lucidly explained by the statement that nature only abhorred a vacuum to that extent. And until your labors commenced, no more lucid explanation had been given of the nature and diagnosis of insanity. The practical solution was, that nature abhorred a maniac. He was accepted as an intellectual and moral leper, a subject of special Divine visitation, to be separated from his kind, was chained, caged, restrained from physical harm, and forever barred from recovery.

The utilization of steam and electricity, is no more modern, than that of the endeavors of yourselves and your associates, to withdraw from the realm of unsolved mystery, this strange condition of insanity, and resolve it into the diagnosis of ascertained disease.

Shakespeare could, with his matchless genius, from observation and imagination, give creation to a Hamlet and a Lear, but he knew no more than I, except from outward manifestations, why one should have been Hamlet and the other Lear. He could no more have designated the nature of the disease than could the man whose cast out devils carried the pigs into the sea. You have purposed to resolve to the condition of ascertained science, this abnormal condition of man's jarred and disorganized faculties. It is a bold experiment in the hitherto undiscovered realms of God's great mysteries. May He be as kind to you as He has to other earnest seekers of the truth, in less important fields of labor, but I fear that many of you will die like Moses in the wilderness, before one like Joshua enters this promised land. I am but an ignorant layman, and can not tell what you are accomplishing in the world of science, but as a lover of mankind, I know what you are accomplishing in the realm of philanthropy, and I see in your asylums, clothed and in their right minds, the insane, whom wealth has heretofore been able to restrain only in nakedness; the crazy cells of our poor houses, robbed of their unfortunate inmates, and even the iron bars of our State prisons unloosed, to give up to your tender charities, those whom misfortune, rather than crime, had made convicts.

You may with the eye of faith foresee that, which we can only surmise, the triumph which yet awaits science, in the undiscovered mysteries which you are solving. We who can not understand processes, at least appreciate progress, and we most cordially welcome you here to aggregate into a common force, all the individual experiences and achievements of the year that has passed.

The PRESIDENT. At or before the close of this meeting, your very kind and able address of welcome, will be formally and appropriately acknowledged, but I feel at full liberty to anticipate or pledge the earnest gratitude of this body, for the generous hospitality you have proffered the members, and especially for your high appreciation of the importance of our work, and the measurable success that has attended our labors.

If we were in the habit of electing non-medical men as honorary members of our Association, we should certainly include you, for I have rarely heard or read, from any speaker or writer, whether lay or professional, such a clear comprehension of the nature of our science and art, as you have expressed in your address.

The following members were present during the sessions of the Association.

Dr. R. J. Baldwin, Western Lunatic Asylum, Staunton, Va.
Dr. Randolph Barksdale, Central Lunatic Asylum, Richmond, Va.
Dr. A. T. Barnes, Southern Illinois Hospital for the Insane, Anna, Ill.

Dr. C. K. Bartlett, Minnesota Hospital for the Insane, St. Peter, Minn.

Dr. J. W. Barstow, Sanford Hall, Flushing, N. Y.

Dr. D. T. Boughton, Assistant Physician, State Hospital for the Insane, Madison, Wis.

Dr. D. Tilden Brown, Bloomingdale Asylum, New York City.

Dr. John Charles Bucknill, F. R. S., London, England.

Dr. W. H. Bunker, Longview Asylum, Carthage, Ohio.

Dr. John H. Callender, Tennessee Hospital for the Insane, Nashville, Tenn.

Dr. T. B. Camden, West Virginia Hospital for the Insane, Weston, West Va.

Dr. John B. Chapin, Willard Asylum for the Insane, Willard, New York.

Dr. John H. Clark, Western Ohio Hospital for the Insane, Dayton, Ohio.

Dr. Wm. M. Compton, Mississippi State Lunatic Asylum, Jackson, Miss.

Dr. J. S. Conrad, Maryland Hospital for the Insane, Catonsville, Maryland.

Dr. George Cook, Brigham Hall, Canandaigua, N. Y.

Dr. John Curwen, Pennsylvania State Lunatic Hospital, Harrisburg, Penn.

Dr. Joseph Draper, Vermont Asylum for the Insane, Brattleboro, Vt.

Dr. B. D. Eastman, Worcester Lunatic Hospital, Worcester, Mass.

Dr. Orpheus Everts, Indiana Hospital for the Insane, Indianapolis, Ind.

Dr. F. G. Fuller, State Hospital for the Insane, Lincoln, Neb.

Dr. W. W. Godding, Taunton Lunatic Hospital, Taunton, Mass.

Dr. John P. Gray, New York State Lunatic Asylum, Utica, New York.

Dr. Eugene Grissom, Insane Asylum of North Carolina, Raleigh, North Carolina.

Dr. Richard Gundry, South Eastern Ohio Hospital for the Insane, Athens, Ohio.

Dr. C. H. Hughes, St. Louis, Mo.

Dr. George F. Jelly, McLean Asylum, Somerville, Mass.

Dr. Thomas S. Kirkbride, Pennsylvania Hospital for the Insane, Philadelphia, Penn.

Dr. A. H. Knapp, State Lunatic Asylum, Osawatomie, Kan.

Dr. Henry Landor, Asylum for the Insane, London, Ont.

Dr. Jos. D. Lomax, Troy, N. Y.

Dr. A. E. Macdonald, New York City Asylum, Ward's Island.

Dr. Carlos I. Macdonald, Brooklyn, (E. D.,) N. Y.

Dr. Charles H. Nichols, Government Hospital for the Insane, Washington, D. C.

Dr. George C. Palmer, Assistant Physician, Asylum for the Insane, Kalamazoo, Mich.

Dr. R. L. Parsons, New York City Lunatic Asylum.

Dr. Mark Ranney, Hospital for the Insane, Mt. Pleasant, Iowa.

Dr. Joseph A. Reed, Western Pennsylvania Hospital for the Insane, Dixmont, Penn.

Dr. A. Reynolds, Hospital for the Insane, Independence, Iowa.

Dr. John W. Sawyer, Butler Hospital for the Insane, Providence, R. I.

Dr. S. S. Schultz, State Hospital for the Insane, Danville, Penn.

Dr. Lewis Slusser, Northern Ohio Hospital for the Insane, Newburgh, Ohio.

Dr. Henry R. Stiles, State Homœopathic Asylum for the Insane, Middletown, N. Y.

Dr. T. R. H. Smith, State Lunatic Asylum, No. 1, Fulton, Mo.

Dr. Henry P. Stearns, Retreat for the Insane, Hartford, Conn.

Dr. Wm. H. Stokes, Mount Hope Retreat, Baltimore, Md.

Dr. John Waddell, Provincial Lunatic Asylum, St. John, N. B.

Dr. Clement A. Walker, Boston Lunatic Hospital, Boston, Mass.

Dr. D. R. Wallace, State Lunatic Asylum, Austin, Texas.

Dr. James W. Wilkie, State Lunatic Asylum for Insane Criminals, Auburn, N. Y.

Also on invitation.

L. Fletcher, Trustee of Hospital for the Insane, St. Peter, Minn.

P. H. Miller, Manager, Western Pennsylvania Hospital for the Insane, Dixmont, Penn.

Dr. Samuel Lilly, Commissioner of the State Lunatic Asylum, Morristown, N. J.

Dr. H. B. Wilbur, Asylum for Idiots, Syracuse, N. Y.

Dr. John Ordronaux, Commissioner in Lunacy of New York.

S. H. Jameson, M. D.

James S. Athon, M. D.

-Geo. I. Chittenden, M. D.

J. F. Richardson, M. D.

Commissioners of the Indiana Hospital for the Insane.

Col. T. G. Walton.

Capt. C. B. Dawson.

Commissioners of the Insane Asylum, Morganton, N. C.

On motion of Dr. Curwen, it was Resolved that the Medical Profession, of the City of Auburn, and such other gentlemen and ladies as may feel interested in the subject of insanity, be invited to attend the meetings of the Association.

On motion of Dr. Reed, it was Resolved that the President be requested to appoint the usual Standing Committees.

Dr. KIRKBRIDE. Before you appoint one of these committees, I beg leave to say a word in reference to the next meeting. In behalf of those interested in the care of the insane, in Philadelphia, I am requested to invite this Association to hold its next meeting in that city. Next year, as you are aware, will be an extraordinary year in the history of this country, and I think the occasion will tempt you to meet in that city. I trust the committee will take this question into consideration at once, as some fears have been expressed in regard to accommodations. I beg leave to say that all will be taken care of. We have, in Philadelphia, one hundred and twenty thousand houses, and eight hundred and twenty thousand citizens to throw open their doors to their visitors. When these houses are filled, then we have hospitals with vacant wards and better beds than are to be found in many houses, though if our friends come to us, they must remember we have distinct departments for men and women, which may not be altogether agreeable to many of you; at any rate, all will be taken care of and made comfortable. I hope this branch of the subject will not be referred to a committee, but decided at once by the Association.

The PRESIDENT. Do you prefer to take the sense of the Association without reference?

Dr. KIRKBRIDE. If there is no objection.

(No objection being made.)

Dr. KIRKBRIDE. I move that the next meeting of the Association be held in Philadelphia, the time to be fixed by the committee, but sometime during the Centennial International Exposition, between the tenth of May and the tenth of November.

The motion was seconded.

The PRESIDENT. It seems to the chair quite appropriate, that an exception should be made in this case, and he takes pleasure in putting the motion in the way suggested.

Dr. REED. Would it not be more proper to instruct the committee to report Philadelphia as the next place of meeting?

Dr. KIRKBRIDE. I accept that suggestion.

The PRESIDENT. The motion, as amended, is that the committee soon to be appointed, on the time and place of next meeting, report in favor of meeting in Philadelphia during the course of the Exposition.

Unanimously agreed to.

The PRESIDENT. The chair appoints on the Committee on Business: Drs. Wilkie, Callender and Curwen.

Committee on Resolutions: Drs. Kirkbride, Godding and Ranney.

Committee on Time and Place of Next Meeting: Drs. Gray, Compton and Bartlett.

Committee to Audit the Treasurer's Accounts: Drs. Sawyer, Baldwin and Lendor.

On motion, it was

Resolved, That the Association take a recess of twenty minutes, to enable the Committee on Business to make up their report.

On reassembling, Dr. Bartlett introduced Mr. L. Fletcher, trustee of the Minnesota Hospital for the Insane.

Dr. Curwen introduced Mr. P. H. Miller, Manager of the Western Pennsylvania Hospital for the Insane, Dixmont, and Dr. Samuel Lilly, Commissioner of the State Lunatic Asylum, Morristown, New Jersey.

The Secretary read invitations from Dr. Gray, to visit the State Lunatic Asylum, at Utica; from S. G. Had-

ley, President of the Board of Trustees, and Dr. John B. Chapin, Superintendent, to visit the Willard Asylum for the Insane; from Dr. George Cook, to visit Brigham Hall, at Canandaigua; from Dr. James W. Wilkie, to visit the State Lunatic Asylum for Insane Criminals, at Auburn; from Dr. Button, to visit the Hospital attached to the Prison; and from the Warden of the State Prison, to visit that Institution; and from Mr. and Mrs. D. M. Osborne, to spend the evening socially at their house; and from the family of the late Hon. William H. Seward, to visit the mansion and examine the objects of interest collected by him. All of which were referred to the Committee on Business.

The Committee on Business made the following report, which after discussion and amendment, was adopted section by section.

The Committee on Business respectfully report that they would recommend that the Sessions of Tuesday at 2½ p. m., and 7½ p. m., be devoted to business; that on Wednesday, the Association visit the Asylum for the Insane, at Willard, and hold a session there in the afternoon. On Thursday, that the morning session from 9 a. m., be devoted to the reading and discussion of papers; that at 3 p. m. the Association visit the State Lunatic Asylum for Insane Criminals, and at 8 p. m., accept the hospitality of Mr. and Mrs. D. M. Osborne. On Friday, that the sessions of the day at 9 a. m., 2½ p. m. and 8 p. m., be devoted to the reading and discussion of papers. On Saturday, visit the State Lunatic Asylum at Utica, and hold the final meeting at that place.

The report of the Committee on the Treasurer's Account, showing a balance in the Treasury of \$131.74, was read and approved, together with their recommendation that an assessment for this year of five dollars be made for each member.

The PRESIDENT. It has for several years been customary, at this stage of the proceedings, to occupy some time with usual informal

verbal reports from the members, in relation to the progress of mental medicine, and of provision for the care and treatment of the insane, in their respective states.

There is no representative of the state of Maine present, nor any from New Hampshire, and I call upon Dr. Draper to report upon the subject for Vermont.

Dr. DRAPER. Mr. President: At the last session of the Vermont Legislature, there was little action of importance, although several bills were before that body relating to the insane. The only law passed of much moment, was one regulating the discharge of dangerous patients. Before, the friends of such patients could remove them from the Asylum at any time, at their own option. The law as passed, enabled the superintendent to place a check upon this, providing that the question be referred to the decision of the State Commissioner, and the family physician of the patient, if he, the superintendent, deemed the discharge of said patient dangerous to the public safety. There was a bill before the Legislature, for the establishment of a State Lunatic Asylum, but it was voted down.

The PRESIDENT. It will be in order for any member of the Association, to address any other member, for the purpose of questioning him, while he has the floor.

Dr. GODDING, of Massachusetts. I feel that there are persons present with us, who can report better than myself, in regard to building. I regret that Dr. Walker is not here, but he may be present to-morrow and report in regard to Danvers. There they are building substantially on Dr. Walker's plan. I am in charge at Taunton. We have taken an old hospital, and nearly doubled its capacity, caring for nearly 600. When I took charge of the hospital there were but three classes of each sex. By the changes made, I have been able to arrange for ten classes, which approximates to a first class hospital. We do not claim to have a superior but merely a first class hospital.

The wisdom of the Legislature last year, provided letter boxes for the wards, in which the inmates of the Hospital could place letters, designed for the Commissioners of Lunacy, and also letters addressed to the Board of State Charities. This system of a special superintendency of correspondence, has been in unsuccessful operation for the last six months. The secretary of the Board of State Charities, has reported the result to be a few letters addressed to the Commission, but the bulk of the contents of the boxes to be old rubbish, broken combs, bits of paper, etc., and the

secretary is convinced of the impracticability of the system, but our commission have taken a different view, and a box, with a copy of the law, has been placed, and remains in every ward of the Hospital. The accommodations now building in Massachusetts, will provide, perhaps more completely for the insane, when finished, than any other state in the Union. We shall then have at least a full share of our insane accommodated in hospitals, and not as heretofore, crowded into almshouses or infirmaries.

DR. GUNDRY. Do I understand that the law, in regard to lock boxes, extends to every hospital in Massachusetts?

DR. GODDING. It applies, I think, to all. The direction of the law has been followed, and the letters delivered by the Board of State Charities. Letters to friends have to pass through the scrutiny of the Superintendent.

DR. JELLY. I have nothing to report, except that during the year we have considered the subject of a new site and new plans for the McLean Asylum. The trustees are now divided between two sites, but I think that the question will be settled within a few weeks. The present location of the Asylum is rapidly becoming no longer tenable, on account of the encroachment of manufactories, and especially of railroads, five of which entirely surround our grounds, the last going directly across the avenue. These annoyances make it impossible for us to remain in Somerville.

DR. STEARNS, of Hartford. I do not know that there is anything of special importance to report. I regret that Dr. Shew, the Superintendent of the State Institution, at Middletown, is not here, as he could speak more intelligently as to the needs of the State than I can do. That Institution has a capacity for about 450 patients, and now has that number, so that it is impossible to receive any acute cases, without the removal of chronic ones to the almshouse of the county or town from which the case comes. The capacity of the Retreat at Hartford, is about 150. Formerly it was considerably more, but when the buildings were remodeled, the rooms were made larger, with the view of providing almost exclusively for a class of patients who require nice accommodations. It is contemplated at some future time to add somewhat to the present buildings, by extension and cottages, so as to provide for twenty or thirty more. This will probably be the limit, as it is thought the number then provided for will be quite enough for an institution of that character. I may say, that when these additions are made, the plans of which we already have, the rooms will be made as attractive as possible, and provided with every

modern convenience. Dr. Buel's Institution at Litchfield, I believe, provides for twenty or thirty patients, and so far as I know no additions are contemplated there. So that there are accommodations within the State for something like 625 patients, and all are of an unexceptionable character.

The PRESIDENT. It has been suggested by the Secretary that we do not go any further than New England at this time, as the hour of adjournment is so near at hand.

On motion of Dr. Kirkbride, the Association adjourned to three o'clock.

AFTERNOON SESSION.

The Association was called to order at 3 p. m., by the President.

The hearing of reports of progress in the care and treatment of the insane was resumed.

Dr. D. T. BROWN. As the Institution I am connected with is not a State Asylum, I can not claim to represent the State of New York. Other members of the Association should speak for that, but I may say for the Bloomingdale Asylum that it still pursues its quiet ways, claiming to be a very comfortable home for a moderate number of patients, having capacity for about 175 inmates, a majority of whom pay less than the cost of their support. Over sixty thousand dollars have been expended in improvements to the building during the past two years.

Dr. A. E. MACDONALD, of the New York City Asylum, Ward's Island. So much has been done in New York State during the past year, affecting the insane, and especially their medico-legal status, that I regret that it has not fallen to the lot of some older member of the State delegation to answer the call of the President. Dr. Ordronaux, the State Commissioner in Lunacy, will be with us later, and will perhaps give us an account of the revision and codification of the Lunacy Statutes which he has effected. The most important changes affect the manner of commitment of the insane to asylums. Formerly the insane were committed by any judge upon the recommendation of any two physicians, or persons calling themselves physicians. The affidavit of the physician was simply to the existence of insanity, and it was

not necessary to give the reasons upon which the conclusion was based. The new statutes provide that no person shall be entitled to commit to an asylum, unless he be a permanent resident of the State, of reputable character, has practiced his profession for at least three years, and possesses a diploma from an incorporated medical college. He must obtain a certificate of qualification from a Judge of a Court of Record to whom he is personally known. There, in the affidavit, it is not sufficient to state the opinion that the patient is insane, but the grounds upon which this opinion has been formed, must be given in full. This is, of course, a great improvement upon the old method, not only in insuring greater care in commitment, but in furnishing the medical officers of the Institution, to which the patient is sent, with particulars which will be of value to them in determining their treatment of him.

Again, in relation to the insane accused of crime, there has been great improvement. Instead of requiring a man who is indicted for murder, for instance, to go through a long trial, at great trouble and expense to the State, and to establish the fact of his insanity in the course of that trial, the plea of insanity is entered at the time of indictment, as a general traverse. Then the court may order a commission of lunacy to examine him, and, if they decide that he was insane at the time of the perpetration of the act, may thereupon send him to a State Asylum, there to remain, until, in the opinion of a Justice of the Supreme Court, it is proper to discharge him. The course thus authorized has already been tried in a few cases, but the judges are as yet a little shy of it. In the few cases in which it has been tried, it has been found to work well, and a pretty general wish has been expressed that it may more frequently be had recourse to. I can say very little about the Institutions of the State, other than our own. I am sorry that Dr. Gray is not here to speak for that one of our State Institutions in which we take especial pride, but it speaks for itself, and particularly in the pages of the JOURNAL which is issued from within its walls. For my own Institution, it was erected three years since, at a cost of about a million dollars, and, although there are faults of construction, it is, upon the whole, a good building. The architects estimate of the number of patients it should contain was 434. When I left last night 673 were crowded into it. And speaking of this overcrowding leads me to refer to a resolution of the Association which I have myself found to be more of a hindrance than a help. I allude to the resolution which

designates the number of inmates an institution should contain. I do not remember the number as fixed by the first resolution, but recently the Association changed its mind and increased that number to 600. Now Boards of Trustees argue, that if the Association was mistaken in the number it first designated, it may also be mistaken in the second. In my own case I have had this resolution quoted as justifying the anomalous organization of the Asylum, which divides the power between the Resident Physician and the Warden, and by giving the executive duties mainly to the latter, makes him virtually the chief officer. When I have protested against this arrangement, the commissioners have pointed to this very resolution and have told me that it is the expressed judgment of such eminent men as Drs. Ray, Curwen, Gray and others, that no Medical Superintendent should be asked to take entire charge of more than 600 patients, and that in appointing a Warden to relieve him of a portion of these duties they merely carried out the spirit of this resolution. Of course these gentlemen never meant that their resolution should bear such a construction, but such a construction has been placed upon it, and plausibly too. It is evident that the views of the Association, as expressed in this resolution, have not had much weight, for a number of institutions now contain more than 600 inmates. Would it not be better to abandon the attempt to limit the number in each building, and endeavor, instead to secure the enlargement of buildings to an extent sufficient to properly accommodate the excess which will be forced into them, whether or no? It is certainly much easier to persuade trustees to add a ward or two, or a wing, than it is to bring about the erection of a new Asylum.

THE PRESIDENT. Has the judge authority, under the new law, to send to any one of the State Institutions?

DR. A. E. MACDONALD. He can send to any State Institution. There is a case in the asylum, at Utica, of that sort now, an epileptic woman, who burned her own child to death. It is optional with the judge to select the particular institution.

DR. BUCKNILL. How is it to be determined that the supposed criminal has really committed the offense, if he is not tried for it? I apprehend that it is a difficult question.

DR. KIRKBRIDE. You can not put an insane man on his trial.

DR. BUCKNILL. It is constantly done.

DR. A. E. MACDONALD. I am not very clear upon this point, but I fancy that this statute is meant only to cover the case of a prisoner, who admits the commission of the act alleged, and who

endeavors to establish an alibi as it were, that he was present in body, but absent in mind.

Dr. BUCKNILL. It might occur that the man was undoubtedly insane, apparently a criminal, and really not a criminal, and therefore this insane man might be committed indefinitely to an asylum for the offense.

Dr. A. E. MACDONALD. This is a special plea of insanity upon indictment.

Dr. BUCKNILL. It is an admission of guilt?

Dr. A. E. MACDONALD. Yes, sir, I presume by pleading insanity he admits the act.

The PRESIDENT. I have not seen the act, but I infer the judge is allowed a great deal of discretion.

Dr. C. F. MACDONALD. In regard to the new law, there is a case in Brooklyn now, of murder, in which the judge did not take advantage of it; so it seems it is optional with the judge in some cases.

The PRESIDENT. Has the case been tried?

Dr. C. F. MACDONALD. It has.

Dr. PARSONS. New York City Asylum. If I understand the general scope of the question, it is whether improvements have been made with regard to the accommodations of the insane. When I was first placed in charge of the New York City Lunatic Asylum about ten years ago, there were seven hundred and fifty-nine patients at the Asylum. At that time, many quiet cases, which were considered incurable, were sent to the Almshouse, without ever having been admitted to the Asylum, and were retained there. So, too, patients were often sent to the Almshouse from the Asylum, after they had become quiet, and were thought to be incurable.

In 1866, it was ordered that in future, all the insane under care of the Commissioners be domiciled and treated at the Lunatic Asylum. Since that time the increase in the number of patients at the Asylum on Blackwell's Island, the new Asylum on Ward's Island in which male patients are now treated, has been enormous. There are now more than eighteen hundred patients in the two New York City Asylums for the Insane, an increase of nearly ten per cent. each year, or an increase of one hundred and forty per cent. on the number of patients in the Asylum on the first of January, 1865. When the new Asylum on Ward's Island was built, it was supposed that there would be accommodation for all the indigent insane of the city, for several years to come. The Asylum, under

the care of Dr. Macdonald on Ward's Island, is already overcrowded. The Asylum on Blackwell's Island, with a capacity for seven hundred and fifty patients, now contains twelve hundred. Measures are being taken to increase our accommodations, by the erection of cheap structures on the pavillion plan, similiar to those already in use. These pavilions are well adapted as domiciles for quiet, orderly patients. Their entire lack of appearance of restraint, renders them acceptable to the patients, and their very moderate cost, (about one hundred dollars for each patient,) is pleasing to the tax-payers.

The PRESIDENT. Referring to the increase alluded to by Dr. Macdonald, it seems to the Chair, that the excuse offered by the Commissioners, for appointing a warden, was one of those lame excuses, men will resort to when they have not a good one, and really amounts to nothing.

Dr. PARSONS. Reasons similar to these referred to by Dr. Macdonald were urged in favor of the appointment of a warden at the asylum on Blackwell's Island, that is, that on account of the great number of patients at the asylum, there should be a warden to do the governing and to take care of the property, thus leaving the Resident Physician free to give his whole attention to medical duties. The reply was that medical matters were concerned, either directly or indirectly, in the whole management of an Asylum; that the duties of two heads would necessarily conflict, and that from this cause the annoyances and misunderstandings would be such that the medical head would not really be relieved by such a division of responsibilities with a warden; moreover that a warden was likely to have views and interests of his own to subserve, that he would naturally endeavor to press these views on the attention of the managers, and thus indirectly draw their attention from matters which the physician might think of much greater importance, that since his office would be really subordinate in character, he would naturally be inclined to make it appear as important and controlling as its title indicates, that in doing this he would be liable to become meddlesome, scheming and ambitious, without perhaps intending to be so, and what would be still worse, if he were a selfish, unprincipled man, he might so interfere with, and annoy the physician as to be a thousand times worse than useless, misrepresenting his acts, making parties against him, causing dissensions among subordinates and do all this so shrewdly as for a long time to escape detection. It was acknowledged that in a large Asylum a sufficient corps of responsi-

ble subordinates should be provided, but urged that the physician should be the chief executive officer, to whom all the others should be subordinate. The managers themselves would not interfere with the details of the duties of an engineer, but yet they would not hesitate to give him general orders. A wise physician would be equally considerate in his government; if not he would not be fit to hold his position either with or without a warden. Results might have been, very much worse had that been the case, but still, they had been such as to fully establish the soundness of the arguments that were urged.

Dr. KIRKBRIDE. Those of us who are connected with corporate institutions are to some extent outsiders and have a delicacy in speaking for our States and their doings. Dr. Curwen will speak more fully in regard to our Commonwealth. I may say, however, that the past year has not been a very encouraging one in Pennsylvania. In the first place, the Legislature almost entirely neglected to make appropriations to the State Institutions. The Hospital Dr. Curwen represents, barely got an appropriation, by great good management. The one at Warren did not receive any appropriation, nor that at Dixmont. It seems that public sentiment, as represented by many in authority, is not so encouraging as it might be. There is a growing disposition, I fear, to put up hospitals, temporary in their character, and to limit their first cost to a sum that will not secure a first class Institution. It seems to me that there is no fact better established, than that the best constructed, best furnished and best governed hospitals are the cheapest in the end. There is a disposition to limit the cost of hospitals to something like five hundred dollars per patient, which is not enough to secure a first class Institution. This, I think, is the condition of things in Pennsylvania at the present time. I am sorry that it is so. Before the last winter we thought we were progressing favorably. We hope in another year to represent a different state of feeling. Those who are connected with our Hospitals and the medical profession, are doing all they can to secure first class Hospital accommodations for every insane person in the Commonwealth, and they have faith that the time is not far distant, when this will be accomplished. They are not disposed to yield at all to this state of public sentiment. They believe they have right on their side, and propose to test the matter fully on all suitable occasions.

Dr. CURWEN. I think Dr. Kirkbride has said, and well said, all that need be stated at this time. The difficulty in Pennsylvania

arises from causes to which personally I do not wish to refer. The feeling, which an attempt was made to create, has been frustrated to a certain extent through the very source which originated it. I do not think, however, that up to this period, it has made any decided impression upon those on whom we can most surely rely, when it comes to an issue. The Institution at Warren, which, gentlemen will recollect, I stated last year would be commenced during that season, is under way, the foundations having all been laid last year. Owing to a difference between the two branches of the Legislature, no appropriation was made to carry forward the work. The Commissioners were so unfortunate as to have a balance on hand from last year, which will enable them to put things in such a shape as to push forward more rapidly during the coming year, when they hope to have sufficient appropriations to put the building under roof. It is the design of the Medical Society of the State of Pennsylvania, who are thoroughly in earnest in this matter, to keep things moving until they have secured what they believe should be done, to have full and satisfactory accommodations of the best character made for all the insane of every class. The members of the Association will recollect, at our last meeting, I stated that a bill had been passed by the Legislature, and signed by the Governor, to appoint a commission to examine into and report upon the condition and proper disposition of the insane criminals. That commission held its first meeting in September, and some of the Commissioners visited and examined those who were in the different penal institutions in the State. The commission, after several meetings, agreed unanimously to report in favor of the erection of an Institution, specially designed and constructed for insane criminals, divided into a number of classes specified in their report. A copy of that report was sent to each member of this Association. A bill to carry into effect the recommendations of the commission was introduced into the Legislature, but failed to receive the favorable consideration of the committee to which it was referred. But it is not proposed to let the matter drop so easily, and an effort will be made to bring it forward and have the Institution established and put in operation. In relation to the care and treatment of the insane in the poor houses, at a meeting of a large and influential organization representing a very large portion of the citizens of Pennsylvania, a series of resolutions was adopted, which go to show the feeling which is aiding us in this matter. They were adopted at a large meeting by a rising vote of nearly every one of its members, not a single person present voting in the negative.

The resolutions were the following:

Whereas, The condition of the insane in the county almshouses in the different counties of this Commonwealth is such as to excite our most profound sympathy, and to arouse us to a determined effort for their comfort and relief; and as we seek to promote in every way in our power the happiness and well-being of all our fellow men, therefore,

Resolved, That we will use every effort in our power to promote their welfare and happiness, by endeavoring to have carried out, as fully as possible, the following things :

I. That all recent cases of insanity shall be promptly sent to the State hospitals for the insane, for treatment.

II. To secure for those in the almshouses more careful and regular medical attendance, and greater means of exercise, recreation and occupation, by the employment of persons properly selected to look after and attend to their wants.

III. To induce the directors of the poor to have a much more satisfactory classification of the different cases made, so as to give better opportunities in every way for the separation of those who are mild, harmless and timid, from the more restless, excited and violent in language and behavior.

IV. To insist that men shall be treated as men, and every means used to elevate and improve, and not have their intellectual and moral nature crushed out of them.

V. To diffuse among the people at large a more correct knowledge of the necessity of early and prompt treatment in all cases of recent insanity, and to urge upon all classes of the population to make themselves familiar with the condition of the insane in the almshouses, as the surest way to lead them to the adoption of proper measures for their relief.

VI. That this relief should be given in the terms of the golden rule. "Whatsoever ye would that men should do to you, do ye even so to them."

Dr. BUCKNILL. It is only a fortnight, ago and during a visit to Dr. Kirkbride, that I enquired of my friends about the provision made for the insane poor of the city of Philadelphia. I found, perhaps, a little reticence, which piqued my curiosity, and made me feel that I must see the accommodation provided for the care of the insane poor of the great city, and I succeeded in obtaining the guidance of a gentleman whose name is ever mentioned with respect and esteem, namely that of Dr. Isaac Ray. Dr. Ray had

been, I found, one of the Governors of the Philadelphia almshouse and asylum, but for some reason which I failed to comprehend, he had been routed out from his office, wherein by knowledge, benevolence and assiduity he had done all the good possible under the circumstances. Dr. Ray was ejected from his office for political reasons, which you, gentlemen, may perhaps comprehend, although I should have thought that all politicians would at least have been agreed upon the duty of duly providing for the needs of the destitute sick and insane. The Philadelphia Asylum for the poor, which Dr. Ray took me over, contains eleven hundred and thirty insane inmates and was built to contain five hundred. That one fact, gentlemen, to your instructed minds will tell all the rest. For you I need go no further, but as I see these gentlemen using their pencils, (referring to the reporters,) and as I think I am justified by an illustrious example, I shall make one or two more observations. An American lady, Miss Dix, came over to my country and saw a great many abuses in the treatment of the insane in Scotland, and she made known these abuses and what she thought of them. Whereupon our Queen appointed a Royal Commission to inquire into her allegations against the Scotch authorities, and an act of Parliament was promptly passed upon the report of the commission, and the abuses and neglects discovered and denounced by Miss Dix were abolished. I mention this action of this American lady to justify my telling you thus publicly what I saw in the Almshouse Asylum of Philadelphia, and what I think of it. I saw there, Dr. Richardson and his assistants, manfully striving to do an impossibility, namely, to give care and treatment to eleven hundred and thirty insane people, in a building imperfectly adapted to provide for the care and treatment of five hundred. One result was, that at night, beds were strewn on the floor in the corridors, and even every available space of flooring, so that there was no place without beds, some upon bedsteads, and some upon the floors. I asked Dr. Richardson what the state of the thermometer and of the air might be when they opened the doors in the morning, but I did not get any definite answer, only a shrug of the shoulders. You, gentlemen, will know how hot, fœtid and morbid the air must be in this place, for the treatment of disease.

In a certain ward, called the lodge ward, built to contain nineteen excited patients, I found that sixty-five patients were accommodated as they said. They slept in small rooms or cells, constructed for the use of a single patient in each, but every night two excited patients are regularly placed in each cell, and in order

that they may not fight, they are all as regularly put into strait jackets. Moreover when a cell has to be found for a patient, newly sent to the ward on account of violent excitement, and needing, therefore, a cell to herself, the two former occupants have to be removed and placed in two other cells, already occupied, so that it is not an unfrequent occurrence for several of the cells to contain three excited patients in each, and all in strait jackets. The building originally, seems to have been as bad, as bad could be, so that it needed not this dreadful overcrowding to condemn its present use. As it is, I can not conceive how it is, that the citizens of Philadelphia, can permit such an institution to exist in their midst. The value of the land close to the city is so great, that a commodious and efficient asylum could be built from the proceeds of its sale, with probably a large margin to spare, and even if this were not so, I think that the citizens of Philadelphia might even postpone the erection of a magnificent city hall, until they had built a competent institution for their insane poor, for the present institution is the cause of infinite mischief and misery, and must continue to be so while it remains what it is.

Perhaps the Philadelphians may think that they have some excuse for this treatment of their insane poor, on account of the admirable Hospital for the Insane in their city, conducted by Dr. Kirkbride, which, however, only shows that they have the knowledge and the power to do better things if they will.

Dr. CONRAD, of Maryland. I have been connected with the Maryland Hospital for the insane so short a time that I have not a great deal of information concerning the management of the insane of the State in the past. For the present I can give you some account of the subject. The Institution, which I represent, has a capacity of about 250 patients, and was built by the State to accommodate that number. It has been occupied only about two years and a half, and in that time has contained its full capacity of patients. At present there are about 150 patients, male and female in the Hospital. The small number in comparison to the capacity of the Hospital, arises from the fact that the law makes it optional with the counties to send their insane to the Hospital, or not as they may see fit, and fixes the annual charge of two hundred dollars per patient, to be paid by the counties sending the patient. Many of the counties and the City of Baltimore also prefer to keep their insane in their respective almshouses or jails, which they can do at a less expense. We find that the sum of two hundred dollars annually for each patient, is not sufficient to

properly maintain and treat them. Consequently a heavy debt has been incurred in the effort to do so. At the last meeting of the Legislature, application was made by the President and Directors for an appropriation sufficient to meet the expenses of the Hospital, and also for some necessary repairs. Both requests were wholly denied. The President and Directors therefore thought it best to continue the Hospital during the interval of the Legislature, by borrowing money on the mortgage of the building, rather than to send the insane back to their respective counties, the authority to do so having been vested in the President and Board of Directors, by a former Legislature, dating as far back, I believe, as 1838. The Hospital has thus been conducted for the past year, and must so continue until the meeting of the next Legislature. The Hospital is governed by a President and Board of Directors, incorporated as such, with authority to elect their successors, and manage the affairs of the same, as may seem best in their judgment, reporting to the Legislature at its regular meeting. The Legislature has reserved, however, the power to annul the corporate act at its own pleasure or discretion, and direct the government as it may elect. To this end it was the purpose of the Governor to defeat the appropriation, or change the mode of government. He succeeded in accomplishing the first, which compelled the Directors to take the course which I have stated above.

THE PRESIDENT. Do you know anything about the progress of the Sheppard Institution?

DR. CONRAD. I know very little about the Sheppard Asylum, or the trust given to the trustees for the building. The little I do know, is that they proceed with their building, only on the interest of the fund, consequently it will not be completed for some time. Each patient, I understand, is to have a separate room, separate dining room, &c., as if living in a private family. Owing to the cost and the necessity of being confined to the use of the interest only, it must be some time before it can be completed.

THE PRESIDENT. Is there not an almshouse for the insane at Frederick?

DR. CONRAD. Yes, sir; several counties are building something of the kind; one near Baltimore city, and belonging to Baltimore county, is already built on the same general principle as that at Frederick, in which the same provision is made for the insane. I have some little knowledge of these Institutions gained from parties who have had their insane friends in them, and have also received patients from each of them. Their accommodation is

very limited, and capacity for classification very deficient, and the treatment of the patients necessarily imperfect. One of them has two rooms on the third floor, containing about ten patients, male and female, separated by a grated door. In these two rooms, all classes of the insane must be treated, the excited and the quiet, epileptic and demented.

Dr. GUNDRY. May I ask if there is any accommodation in the State not controlled by a close corporation?

Dr. CONRAD. The only Institution is the Bay View Asylum or City Almshouse, under the management of the Mayor and City Councils, by trustees appointed by the Mayor.

Dr. GUNDRY. The Maryland Asylum has now how many patients?

Dr. CONRAD. We have now one hundred and fifty patients.

Dr. GUNDRY. What is the capacity of Bay View Asylum?

Dr. CONRAD. Eight hundred patients, sane and insane paupers.

Dr. GUNDRY. Mount Hope has how many?

Dr. CONRAD. About two hundred and fifty, I think.

The PRESIDENT. Does Bay View Asylum contain eight hundred insane?

Dr. CONRAD. There are about two hundred insane in it.

Dr. GUNDRY. Two hundred and fifty is about all the State of Maryland has provided for?

Dr. CONRAD. Yes, sir; the last census shows seven hundred and fifty insane population in the State. We have about one hundred and fifty in the Maryland Hospital. Mount Hope has two hundred and fifty; the Baltimore City Almshouse or Bay View Asylum has two hundred. We have corresponded with the Commissioners of the various counties, to ascertain how many insane of the State were not provided for, and have received answers from a number, which show between ninety and one hundred scattered between almshouses and county jails. About one third of the counties were not heard from.

Dr. GUNDRY. Then I was correct that the State of Maryland has provided for only two hundred and fifty of its insane, and your population is at present how many?

Dr. CONRAD. The census shows the insane population to be seven hundred and fifty.

Dr. BROWN. In reference to the Sheppard Asylum, I beg to correct a misapprehension of Dr. Conrad. The plan of the Asylum, which was designed by myself, does not contemplate a separate dining room for each patient, but it does assign a much more

liberal allowance of space for the number of patients provided for than is usual or permissible in most institutions. Progress in construction has been slow, because only the annual income of the fund can be applied to building purposes. The department for one sex is completed, and that for the other is going up.

Dr. BALDWIN, of Virginia. The subject of provision for the insane, occupied a great deal of the important time of our Legislature last winter. I am sorry to say that their discussions of the subject, resulted practically in no permanent benefit, but the interest developed everywhere throughout the state, by these discussions, evinced a proper feeling of the importance of making suitable provision for this unfortunate class of our citizens. Many years ago, the Board of Directors, finding it impossible to accommodate all of the insane who applied for admission into the Western Lunatic Asylum, authorized its superintendent to discriminate in favor of recent and curable, over chronic and incurable cases. The result of this action, has been to leave some three hundred and fifty or four hundred of the latter class scattered throughout the state, at their homes or in the jails; and now the important question comes up, how shall they be accommodated? By building a new asylum, or by enlarging the present institutions? It was known that Dr. Stribling was opposed to any enlargement of the one over which he presided, and his opinion had great weight. But I am induced to believe that, in the last few years of his life, he was inclined to modify, somewhat, his views in this respect. Years ago, Dr. Stribling also called the attention of our Legislature, to the importance of making suitable provision for our colored insane, and notwithstanding the crippled condition of our state finances, the Central Lunatic Asylum has been established for them, since the war, and is now in successful operation, under the superintendence of Dr. Barksdale; he is present, and will give you full information as to its present and future prospects.

In reviewing, therefore, Mr. President, the past action of my state, in all that pertains to the interests of this class of her citizens, I am induced to hope, that at our next meeting, I may be able to report decided progress in making provisions for all of our insane, either by the enlargement of our present asylums, or by the building of a new one.

Dr. BARKSDALE, of Virginia. I have nothing further to offer, than that, no improvements have been made. I have under my care, two hundred and thirty colored people, but we are taking steps that will enable us to take care of about two hundred and

seventy patients, after the first of July. This addition is going on now, it is entirely in the female department. We have been unable to keep the jails clear of all males. The female insane have run up rapidly, and we hope to have the jails clear of them soon. We have merely a temporary building, but I am sure the inmates are as comfortable as they ever were; their wants are cared for. The greatest trouble we have is to get them out of their habits and practices.

The PRESIDENT. In view of your experience with the colored people, there is no gentlemen in the world who has as wide a field of discovery in respect to forms and diagnosis.

Dr. BARKSDALE. The great difficulty I encounter is their previous history. They do not know their age, their parents, whether married or single, or whether born in Maryland or Georgia. In that way we labor under difficulty at first, and in that way we have difficulty, and embarrassment all through the cases.

Dr. LILLY, of Lambertville, N. J., one of the Commissioners to build a hospital at Morristown, New Jersey. The New Jersey State Lunatic Asylum, at Trenton, was calculated to accommodate about five hundred patients properly classified. The increase of insanity in that State, filled that Institution to overflowing, so that at one time it had no accommodations for new cases. That led the people to call a mass convention to take measures to provide for additional accommodations for the insane of the State. I attended that meeting as any citizen would. The result was the appointment of a commission to select a site, &c. There had been two or three commissions previously appointed, but with no further power than to recommend a site; they having no power to purchase, nothing was done. The bill which passed the Legislature, empowered the new commission to go on and select a site, and obliged them to purchase it in ninety days; also to procure plans and submit them to the Governor for his approval. One hundred and fifty thousand dollars was appropriated for this purpose, forty odd sites were offered in the northern part of the State, to which locality they were restricted, they then procured plans from six architects, the intention being to accommodate six hundred patients. After mature deliberation among themselves, they invited experts to assist them. They adopted the plans which have been carried out substantially thus far, the ground plan I offered in the first report of the Institution. By changing the construction of the cornice, which necessitated the raising of the wall, an additional

story was made, by which two hundred or three hundred rooms are added; so when this Institution is finished, it will accommodate comfortably eight hundred and fifty to nine hundred patients. The statistics of insanity in the State of New Jersey, show we have in the neighborhood of fourteen hundred, all told. When this Institution is finished, we suppose we shall have accommodations for all. The policy of the State is to make ample provision for every insane person in it. The length of the Institution I have referred to, is twelve hundred and fifty feet, its depth is five hundred. As to the plan of the building, gentlemen who are familiar with the matter, can come to a better understanding by looking at the paper, (presenting the plan.) The Institution has connected with it, over four hundred acres of land, the water supply is two hundred and fifty thousand gallons every twenty-four hours, one hundred and fifty feet above the Institution. An analysis shows it to be preferable to any public water works, and purer. Most of the bricks were made from the excavations of the cellar. The coal is brought from the mine itself, and dumped from the cars into the coal vaults adjoining the boiler house without change. The estimated cost now from the commencement to the close, purchasing land, making all the improvements, including water works, gas works and a railroad nearly two miles long, and finishing for the nine hundred patients is, in round numbers, two millions of dollars. Last year we got nine hundred thousand dollars appropriation. This indicates that New Jersey will be pretty well supplied with accommodations for the insane within her borders. I have no doubt if the house should become full, that arrangements would be made for another institution. There are but few public almshouses belonging to the counties of New Jersey, not more than six I believe.

The PRESIDENT. You must have great pride in representing the State of New Jersey.

Dr. LILLY. The building is in that state of progress, that we propose to have it ready for occupancy before the first of April, at least another year will not pass before the Institution will be ready.

Dr. KIRKBRIDE. I was only about to say that every one that is at all interested in the welfare of the insane, must feel that high honor is due to the State of New Jersey, its Legislature and its people. Starting with a determination to provide for all the insane in the State, its plans of building and its appropriations have been exceptionably liberal, and, best of all, the people are proud

of what has been done, and do not complain of the largest expenditures, provided they are used with wisdom and a liberal economy.

Dr. LILLY. The people of the State, as well as the Commissioners are perfectly conscious that no unnecessary appropriation has been made. The building is entirely or almost entirely fire-proof. The roof is all slate and copper. Thirty thousand dollars worth of copper were used. We do not want to make any repairs. Dr. Kirkbride has said the people feel a pride in this matter. As a humble member of the commission, I also feel a pride in the work as now going forward.

Dr. KIRKBRIDE. The stairway is on iron frames?

Dr. LILLY. The stairways in all the wings are of slate set in the walls, and we have a fire-proof cut-off in the roof, so that should a fire take place on the roof it could not spread beyond the section in which it originated. Everything has been done to make it as perfect as possible, and some of the best experts have been employed. We have consulted Drs. Kirkbride, Brown and others whose valuable aid we most heartily appreciate. In conclusion, Mr. President, permit me to say that the Commissioners will, at any and at all times feel highly gratified to welcome one and all of the members of this Association as visitors to the Institution under their charge.

The PRESIDENT. For my own part I have very little doubt that the people of nearly every other State, if they could fairly understand the matter, would be as well satisfied with any necessary expenditure for the care of its insane, as the State of New Jersey, though its liberality certainly deserves all praise. Three conditions seem to be necessary to secure State provisions for the insane. In the first place, the State must be able to make the necessary appropriations. Secondly, the number and wants of the insane, and the cost of taking proper care of them, need to be laid before the people of the State and its Legislature, by a competent organ or agent, in order to secure the necessary Legislative aid. Legislators need information upon this subject, from the well-informed, benevolent and disinterested, and in the absence, sometimes of such information and guidance, Legislators, from doubt whether a proposed measure in behalf of the insane is a wise one, oppose it altogether, especially if it involves an appropriation of money. Thirdly, confidence on the part of the people and their representatives that the money appropriated to establish and maintain institutions for the insane, will be economically and honestly

expended. The politicians often, it appears to me, bring such enterprizes into disrepute by the drafts they make upon the appropriations for the establishment of institutions for the insane, in the shape of advantageous contracts and sinecure places for their political supporters, by which the cost of such institutions has been much enhanced. As I have intimated, I have very great confidence in the people of this country, in relation to a suitable provision for the insane of all classes. Their feelings are generous in relation to this matter. Then it is a matter of self interest. But few men are without one or more near relatives or friends who need such provision, and I think it will seldom be difficult to obtain needed appropriations, if the Legislature, of which it is asked, has it to appropriate, and the subject is suitably presented.

Dr. COMPTON, Mississippi. Mr. President, I have the pleasure to report to the Association in general terms, that in Mississippi we are making progress slowly and steadily in the direction calculated to care for all our insane. I claim for the State in which I live, that she has made longer and more rapid strides in the cause of the mentally afflicted than any other Southern State since the war. We have not only doubled the capacity of our Asylum building, but succeeded in passing a bill through the last Legislature providing for the erection of an additional wing. It is in progress now. We have also made some improvements, I think, in the matter of general Legislation. Adverting for a moment to the construction of institutions for the insane, it will be remembered that our Asylum was opened in 1855, just twenty years ago. We all know that an asylum, in that length of time, without means of discharge, except by death and recovery, will invariably accumulate a large number of chronic incurables, and that, sooner or later, the building will be crowded with them. This has been our condition for several years. And to make this condition of affairs still worse, we were required to admit patients in the order of their application, regardless of the character of the case. Of late our changes have been very few, and under the circumstances it will be perceived that the number of acute and curable cases which come to us were very few indeed. Instead, therefore, of having a hospital for the treatment of insanity, we had simply a home for the care and protection of chronic incurables. The Legislature, at its last session, remedied this matter to some extent. It passed an act authorizing the Board of Trustees, and the Superintendent to discharge chronic, harmless and incurable cases, in order to make room for acute, violent and curable ones. In the

admission of patients, it requires that the sworn certificate of two physicians, a certificate containing a full description, history, &c., of the case, shall first be sent to the Superintendent. These certificates are carefully considered by the Superintendent, and he grants admission to the most deserving. This may have the appearance to the outside world, of being somewhat harsh, when they see lunatics, who were almost forgotten, return to the county poor houses, but if they could see the stream of acute and violent cases going in the other direction, from the jails to the Asylum, the aspect of the picture is changed, and the law proves to be a humane one. It is our purpose to provide for all as soon as we can. We now have in the Asylum three hundred and forty patients. It may be that after a while we can take our poor chronic imbeciles back again. But Mississippi is poor. Her great heart is as fully alive to emotions of charity, as that of New Jersey is, about which her proud son speaks so eloquently, but she is not so abundantly able to give expression to them. Much has been said about procuring Legislative action in the interest of the insane. I have not experienced the great difficulty in this matter of which some of our brethren complain. Our Legislators fully appreciate our poverty, and they make appropriations with caution. But when the pains are taken to inform them fully as to the wants of the insane, I have never found them unreasonable. I took a hint from my friend, Dr. Curwen, several years ago, and have learned not to depend upon my annual report alone to do the work for my patients. I make it a point to become personally acquainted with as many members of the Legislature as possible. I take them through the Asylum building, show them the crowded state of the wards. I then show them my register with the names, post office address and description of the applicants, and especially do I exhibit letters pleading for admission. In a word, I endeavor to acquaint the Legislator, with all the wants of the Institution and of the insane, as thoroughly as I know them myself. I do not ask them to accept my *ipse dixit* simply, but I demonstrate to them the actual state of the case, without exaggeration and without embellishment. The result is that I have never found them reluctant to do their part. On the contrary they have never failed to respond to a reasonable demand. Under all the circumstances, Mr. President, I must be permitted to say, in conclusion, that I am not ashamed of Mississippi.

Dr. CALLENDER, Tennessee. Mr. President, I have nothing of very great value, certainly nothing very encouraging from my

State. Indeed I am very reluctant to say anything since our friend, Dr. Lilly, from New Jersey, has reported. But it is due not to diminished interest among the people, or among the law makers of our State, but to the embarrassment of a heavy bonded debt. The Legislature, two years ago, felt it necessary to suspend operations upon the Asylum, projected a short time before. The work will go on again when the State is able to proceed. The stopping of operations is very much regretted, but it is an unavoidable necessity. Our law is pretty nearly the same as that which has been suggested by Dr. Ray. We are doing the best we can for the insane in Tennessee.

Dr. WALLACE, Texas. I do not know, Mr. President, that I am in possession of any information that will interest the Association. However, as the only representative from Texas, I presume I ought to make a statement as to what we are doing. It may be that, surrounded by the wealth and moral influences of older communities, some present may not appreciate our position. It is known, that as long ago as 1856, steps were taken for "the erection of a suitable building for a lunatic asylum," which, completed according to the original plan, would have accommodated five or six hundred patients. Front and one wing finished, it was opened for occupancy in 1861. The war coming on, of course during its continuance, nothing was done. Its conclusion found us in no condition to resume the work. I beg to add that until very recently, and let it be understood I would make no political reference as being out of place here, the people, the tax-paying, intelligent portion of our people, were not in possession of the State government. I think our people are willing to provide for the insane of the State, but they have been so imposed upon by corrupt officials, and the taxes became so burdensome, they have about made up their minds, *to pay as they go, and to go, only as they can pay*; a great pity the whole country does not do likewise in my opinion. Since I had the honor to meet with you a year ago, we have put up a small building, with capacity to accommodate about fifty patients. An addition of two wings to the main building, and we would have accommodation for two hundred and fifty or three hundred patients, as many as it is believed the highest hygienic considerations justify congregating in one place, in our climate. It was confidently expected the last Legislature would have made provisions for this purpose. Had our legislators been as much interested upon the subject, as the masses of our people, they would have done so. But unfortunately for this interest, it was one that

did not appeal to any political motive, and consequently our law makers were seized, as Gen. Butler would say, with a sudden paroxysm of retrenchment. Perhaps it will not be out of place for me to remark here, I have never met an individual, high or low, rich or poor, philanthropic or misanthropic, in public or in private station, ignorant or learned, but was in favor of the most enlarged munificence for caring for the insane. "If my heart, say one and all, goes out in enlarged sympathy for any class, it is for that unfortunate one that God has deprived of their reason." But just here I come upon a most singular fact, and one to which I desire to call special attention; when you bring these *social units* together in a *legislative capacity*, what a change! Instead of concentration, behold an evaporation of all sympathy for the unfortunate. Instead of a tension of purpose, to provide ample accommodation for them, behold a laxity that satisfies itself with doing just as little as they think the people will stand, without calling them to an account. Knowing that even legislators are not any too well informed upon this subject, at the close of last year, in my report, I went somewhat into the minutiae of the subject, and by the aid of figures prepared by Dr. Jarvis and others, demonstrated, as I thought, that it is no less economy than humanity for the State, to provide accommodations, ample for every insane person in her borders. The report was sent to every member of our Legislature. This body assembling, upon meeting the *individual members*, they were loud in their praise of the exhibit I had made. The report was a credit to the State, said many, so excellent, said one large minded senator, I had my wife to read it. I had intimated in the report, that this arm of the service, in order to put it on the footing required, for the best interest of all concerned, would need about five hundred thousand dollars. The individual members seemed to be wrought up, the great deep of their sympathy so broken up, I did not know but that, may be, I had *drawn it too strong*, that in the exuberance of their feelings, they would give me a *million*, instead of the half asked for. *I did not want that they should involve the State.* I was soon relieved. I was soon summoned before the *finance* committee; was struck with the dignified reticence of this section of our *generous Solons*. They displayed a most unaccountable indisposition to talk upon the subject at all, and when they did at length break the awful silence, they *guessed* that the enlarged sphere of our judicial operations would require so much more than ever before, our common school so much more, and finally, the claims for frontier protection were so urgent;

well, to make a long story short, after so much outside sympathy and encouragement, when these same men set about embodying their views in legislative enactment, by some unaccountable *psychological abnormality*, they did not give me a cent! Now if some of these more experienced gentlemen, who are more deeply read in those secret springs of action, and those subtler influences that control legislative action, directly in opposition to individual opinion and social promptings, will so enlighten my ignorance as to enable me in my future intercourse with legislators, to understand this strange paradox, and turn it to account, he or they shall be entitled to, and receive my everlasting gratitude.

Dr. GUNDRY, Ohio. On the 19th of April last year (1874) the Institution at Athens was opened quietly, though on the 19th of January it received its first patient. To-day it has six hundred and five within its walls; many others have been received and discharged. The work on this Institution began in 1868 and it has been continuous ever since. The Institution cost about one million of dollars; the land, however, one hundred and sixty acres was given by the citizens of the place where it is located. Ohio has nominally five institutions, the Northern at Newburgh, the Central at Columbus, the Western at Dayton, and the South-eastern at Athens. Longview is a quasi Institution, supported nominally by the county of Hamilton, but actually by the State. There is also an Institution in the Northwest likely to be the nucleus of another, a very small affair, with, I believe a hundred patients. These Institutions number twenty-two hundred inmates, and are supported at the sole expense of the State, the money drawn directly from the State Treasury. The Central Asylum was burned and is not yet replaced. It has been six years since its destruction; unfortunately it has been the policy to build the Institutions and complete them before admitting patients. Six hundred at Longview, the limit is six hundred at Dayton, but say five hundred and sixty there; six hundred and five at Athens; three hundred and sixty at Newburgh and one hundred or one hundred and fifty at Toledo, but unfortunately, I regret to say, there are still in some parts of the State some suffering in the poor houses, some possibly in our jails. I am trying to be able to say that in the district in which our Institution is built, all the insane have been removed to the Asylum, but one insane person remains in the almshouse. As another is rebuilt, and one partial building is completed, they will have room for two or three hundred more. Notwithstanding this there is need of that Institution in the northern

part of the State which will be the nucleus of a large one for that geographical division.

The PRESIDENT. In what town is that?

Dr. GUNDRY. Near Toledo. That is the only portion of Ohio, the Northern. When that is done the State will be well provided. The Central, when finished, will afford ample accommodation for seven hundred or eight hundred. It is calculated that only six or seven hundred should be provided for yet. I want to say one word on the difficulty some speak of about getting these things done. I do not remember a single negatived claim put forth for the insane,—urgently and plainly put forth. Sometimes there have been delays when the amount was large, but there has been very little difficulty in getting what was needed.

Dr. CLARK, Ohio. I represent the Hospital for the Insane, at Dayton, but my friend, Dr. Gundry, in his general remarks concerning our asylums, has so well and completely covered the ground, that I have but little of interest, general or special, to say. We are making no important changes, or improvement, at our Institution. We are getting along without jar or discord. When I left home we had five hundred and sixty-two patients, this number being nearly the full capacity of the house. Soon after the opening of the Hospital at Athens, we transferred over two hundred patients to Dr. Gundry, and having thus made room, admitted quite a number of chronic cases from the different county infirmaries, as well as all recent cases applying from the asylum district. The State of Ohio, as has already been said, is doing nobly in providing for her unfortunates, for which none are more likely to give her due credit, than the members of this Association. When the building at Columbus is completed, we will have hospital room we hope, commensurate with the demands for some time to come.

Dr. BUNKER. I have but little to report of the Institution over which I have recently been placed. Longview is a county Asylum supported altogether by Hamilton County. There were in the Asylum when I left, about six hundred patients. The laws by which we are governed, do not authorize us to send to their homes or to the infirmaries, the chronic incurables, to make room for recent cases, as do the laws governing the State Asylums. As a consequence of this, a very large per cent. of our patients belong to this class. The building was originally designed to accommodate three hundred and fifty patients, and having now within its walls, nearly six hundred, with a constant yearly increase, the demand for additional accommodation is almost imperative, and will, I

have no doubt, be soon supplied. By special contract, we have for several years been receiving the colored patients from the State, numbering now about thirty, who will be returned to their homes as soon as it can be legally done. I think of nothing further to report.

Dr. GUNDRY. For the last five years, in the State of Ohio, seventy-five cents of every dollar of general taxation, not local taxation, has been spent in building and supporting the benevolent institutions, in which are included the insane, blind, deaf and dumb and idiotic. The ratio of taxation, for these buildings, for all purposes, has been nearly two millions of dollars a year, of course this is getting smaller now, but for a series of years it ranged nearly two millions of dollars.

Dr. PALMER, Michigan. During the past year a new building, known as the "Asylum Extension," has been completed in connection with the Asylum at Kalamazoo. It is located about forty rods from the former building, and furnishes accommodations for nearly three hundred patients. It is used exclusively for males, and its completion enables us to treat the sexes in separate buildings. Two years ago the Legislature appropriated four hundred thousand dollars for the erection of an additional Asylum in the eastern portion of the State, and appointed a Board of Commissioners to select a site and prepare plans. This work has been performed, and the buildings are now in process of erection at Pontiac. No change has been made in the laws, regulating the admission of patients, or in any way affecting the interest of the insane. The policy of the State has been to furnish hospital accommodations for all, chronic as well as recent cases. The completion of the additional Asylum will probably provide room for all who require Asylum treatment.

The PRESIDENT. What distance are your sexes separated?

Dr. PALMER. About forty rods.

The PRESIDENT. Do both sexes attend the same chapel services, and chapel instructions?

Dr. PALMER. They do.

The PRESIDENT. Is there anything for their protection in passing from one building to another?

Dr. PALMER. Nothing as yet.

The PRESIDENT. What advantage is there in separating the sexes as you have done?

Dr. PALMER. It certainly secures greater liberty to each sex, although there has been hardly time to observe the practical work-

ing of this plan, our present experience enables us to speak favorably of it. Perhaps it should be added that the complete separation of the sexes, was not the only consideration that led to the erection of the Extension. The old building could not be enlarged, owing to the conformation of the ground upon which it was located, and a separate structure became necessary.

Dr. KIRKBRIDE. Do you find any disadvantages whatever in the separation of the sexes?

Dr. PALMER. No, sir.

Dr. A. T. BARNES, of Southern Illinois. We have three Institutions for insane in the State of Illinois, supported by appropriations directly from the General Assembly. The Northern Hospital at Elgin, the Central Hospital at Jacksonville, the Southern Hospital at Anna, and two Hospitals for insane supported by private enterprise, one located at Jacksonville, under the care and management of Dr. McFarland, and the other at Batavia, Dr. Patterson, Superintendent. The Hospital at Elgin was completed about one year ago. There was no appropriation made for the current expense of the last wing completed, until the meeting of the last General Assembly. They have room now for about four hundred and fifty patients, and as I understand, have applications in excess of their capacity. The Hospital at Jacksonville, the oldest in the State, had last year a daily average of four hundred and seventy-four patients. This Hospital is in good working order, and the Superintendent is entitled to much credit for his great energy manifested in behalf of the unfortunate. The Institution over which I have control, was opened for the reception of patients, December 15, 1873. The north wing and domestic apartment only being completed. Over two hundred patients have received treatment since the Hospital was opened. We have now about one hundred and sixty-five remaining. At the present time there are only three floors of the halls occupied by patients, the first floor being occupied by officers and employes. The center building is about completed, and will be ready for occupation about the first of August. There was an appropriation made during the last session of the General Assembly, of one hundred and forty thousand dollars for the completion, heating and furnishing of the south wing. I hardly regard this amount sufficient to duplicate the north wing. The law making the appropriation requires the Commissioners to submit the plans and specifications to the Governor for his approval, and that they must have at least the approval of two out of the three State Superintend-

ents for the insane. I regard this law a good one in that respect, and hope that some of the defects in the north wing will be avoided. There are some defects in the north wing, namely, the halls are too long and not well lighted. The ventilation is downward and through the smoke stack. This system of ventilation has not proved satisfactory. The theory may be a good one, but I had rather trust the upward or direct ventilation. There have been some changes in the laws for admitting patients, all patients are admitted on the verdict of a jury of six men, one of whom must be a physician. The State has been divided into three grand divisions, northern, central and southern, assigning to each county a certain quota of patients; recent and hopeful cases are admitted first, dangerous second, filthy and troublesome third. Pauper patients have preference in admission to hospitals over those who are able to pay. Why this distinction should be made by our Legislature is more than I can say, unless it was an oversight.

Dr. SMITH, Missouri. While our progress in Missouri, since our last Association, has not been all we could have desired, yet it has, perhaps, fully equaled all we ought to have expected in view of our surroundings, and every consideration bearing upon it. In consequence of the unparalleled drought of the past two years, and the consequent failure of crops, and the oppressive taxation on account of railroads, in connection with the financial crisis, extending throughout our country, all the great interests of our State have suffered, and prominent among these, our humane and philanthropic institutions. State Lunatic Asylum, No. 2, located at St. Joseph, was opened for the reception of patients, in November, 1874. Its present capacity will not exceed likely one hundred and seventy-five or two hundred, but when completed, as indicated by original plan, will accommodate four or five hundred. The meagre appropriation of the last Legislature will not be sufficient for its present capacity. The Institution is without outbuildings, and improvement of the grounds, except such as existed at the time of purchase, and the means that will be at the command of the managers will not enable them to do more than prepare for and accommodate, I suppose, about one hundred patients during the next two years. This I deeply regret on account of the large number of insane in Missouri, for whom no provision has been made. Our population now approximates two millions, and the small per cent. of one to every thousand would give two thousand in our State. All the Hospitals for the insane within its limits, including the Asylum at St. Joseph, when completed and filled

would not accommodate, exceeding thirteen hundred, leaving seven or eight hundred without the instrumentalities enlightened humanity has devised. The Institution at Fulton, with which I have so long had the honor to be connected, has been progressing smoothly and harmoniously in all its departments. Since our improvements, two years ago, I think its condition in its various appointments has been better than at any period of its history. Our building is filled to its entire capacity, present number, three hundred and sixty. The noble act of New Jersey, in making ample provision for all her insane, to which our attention has been directed, is worthy of all praise, and I trust its influence will be seen in every State in this Union. Wherever provision commensurate with the necessities of the insane has not been made, it strikes me with great force that the course pursued in that State in calling mass meetings in various localities to consider the importance of this subject, would prove far more successful than any other in awakening a deep and abiding interest in behalf of the unfortunate throughout all the ramifications of society. The grand result is before us, and shall we not imitate her example.

Dr. HUGHES, Missouri. Mr. President, I have nothing to add to Dr. Smith's statement concerning the State at large. An attempt has recently been made in St. Louis before one of the criminal courts there, to carry out the spirit of the recent enactment in the State of New York. A commission *de lunatico inquirendo* was appointed by the Judge at the request of the defendant's counsel, with the concurrence of the prosecuting attorney. The homicide was admitted. I allude to the case of Benjamin F. Cronenbold, reported recently in the JOURNAL OF INSANITY. This I regard as progress, I was struck with the pertinent question of our distinguished visitor, Dr. Bucknill, as to who might be the guilty party, in the event of acquittal on the ground of insanity of a party not having done a criminal act, but only supposed to have been guilty. This would seem an objection to superceding a trial by a commission of inquiry into the insanity of a person charged with crime when the crime is not admitted by the defence. The Cronenbold case was a complex one of congenital imbecility, a deficient cerebral organization and insanity,—deranged cerebration—engrafted upon it by reason of disease. He had delusions, groundless suspicions, antipathies, and other evidences of mania, followed by dementia, in which latter condition he still remains at the State Asylum. In regard to our St. Louis County Asylum, it is not what it ought to be. It is practically but a receptacle for chronic

insane, and we shall soon have more chronic insane paupers than we can take care of. The Asylum has too many heads and recent cases do not get admitted soon enough. Our Asylum contains three hundred and fifty inhabitants, one resident physician who lives three miles away, and visits the Institution twice or thrice a week. While the proposition has been raised elsewhere to get the insane out of the almshouses, the proposition is made with us at home to select the chronic, harmless and helpless insane, and consign them back again to the county poor houses; a proceeding against which every man who is familiar with the pitiable condition of the chronic insane must protest.

Dr. REYNOLDS, Iowa. Mr. President and Gentlemen Iowa with a population of one million four hundred thousand is providing hospital accommodation for about seven hundred and fifty. The Institution which I represent, will comfortably accomodate about six hundred patients when completed. The people of the State are disposed to provide amply for all the insane although the matter of economy sometimes conflicts. The law called the Packard, providing for a visiting committee of three is still in force. I must say in justice to the committee appointed under that law that I have received only kindness and courtesy at their hands. They have never made a suggestion towards the control or management of the Hospital.

Dr. BARTLETT, Minnesota. I may say Mr. President, in regard to our accommodations, that we have now in the hospital four hundred and eighteen patients; one hundred or nearly so are still in the temporary building in town. But within a period of four months we expect to have the last addition completed. This new building has accommodations for about five hundred, divided into nine classes for each sex, and twelve rooms for sick patients which are properly divided from main wards. In regard to appropriations to this Institution, although a young State and comparatively poor, being farmers mostly, we have never asked for an appropriation that has not been granted by the Legislature. For the last two or three years there has been delay in paying on account of want of funds, but never a refusal from any quarter, we have never suffered for means to build, nor for current funds. In regard to the support of these patients, until a year ago last March we had two classes,—the State boarders, as we call them and the private boarders. That law is now changed and all are supported by public funds without regard to pecuniary condition. The Board of Trustees have granted a request by the Governor of Dakota

Territory to take some patients as private boarders, the Territory having no institution. None have as yet arrived, but some are expected in a few weeks.

Dr. BOUGHTON, Wisconsin. I regret that neither of our Superintendents are present. Nothing of marked importance affecting the interests of our Hospitals has occurred during the last year. The extension of the Hospital at Madison called the rear center will be completed this season, increasing somewhat the capacity of the Hospital for the accommodation of patients. Regarding the Institution at Oshkosh, for which, as it is not represented, I may state that our last Legislature made an appropriation for its completion which will be reached this season. The only important change in the State law governing the Hospitals is the repeal of the law requiring the annual appointment of a Legislative Committee, whose duty it has been to visit the public Institutions of the State, and report to the Legislature. This information will now be obtained only through the State Board of Public Charities, and as each member of this Board is appointed for a term of years, it is supposed their experience will better fit them to judge of and report the needs of an institution, than those who only make a single visit, which is often also their first one to this, or any similar institution. When both our Hospitals are completed we shall still have more insane in the State than can be cared for in them. Our accommodations reaching to seven or eight hundred, and the whole number of insane to be cared for perhaps one thousand.

The PRESIDENT. Will the fire at Oshkosh interfere with the progress of the building?

Dr. BOUGHTON. I think not, sir, as the Hospital is several miles from the town.

Dr. FULLER, Nebraska. Mr. President and Gentlemen: The little there is to be reported, as to the progress made in the care and treatment of the insane of Nebraska, during the past year has its principal interest, in the fact, that the State is very young, in its infancy, and it is desirable to know that proper beginnings have been made toward caring for the insane among her people. Nebraska has a population of three hundred thousand, with about two hundred and fifty insane, of this two hundred and fifty, fifty-three are being treated in the Institution, of which I am in charge. Our building is a very creditable one, and will when completed, according to plan, accommodate one hundred and twenty patients. The Legislature, at its last session, made appropriation for such completion, by adding another wing, which wing is now in process

of erection. I am of the opinion, that to secure from the people of the west, liberal appropriations to provide for the unfortunates whose interests we now have to consult, it is only necessary to present the subject with the earnestness, clearness and emphasis, its importance demands. This has never been done in our State heretofore, I trust to be able another year to say that it has.

Dr. LANDOR, Ontario. The time for closing the meeting is so near at hand that I had better say nothing now.

The PRESIDENT. I think you need have no hesitation.

Dr. LANDOR. Although we have escaped many of the evils mentioned, yet we have perhaps fallen into others. The population of the Province of Ontario, is about two million, and we have provisions in the asylums for seventeen hundred lunatics, and in the Province there are about twelve hundred more, next session we shall have to provide for one thousand more. This the government is determined to do as soon as possible, they have made provision for a considerable number, and will continue to do so. The difficulty that we have escaped, is that of overcrowding, and I presume that is due to the fact, that we are not liable to have anybody admitted, against the protest of the Superintendent. Letters are addressed by friends of any insane person to the Superintendent, and papers are sent out in reply, which contain questions that must be answered by the relatives and the surgeon who has always attended the family. When these questions are answered, certificates of three doctors will admit the patient if there is room in the Asylum. By the act, it is the signing physicians duty to seek the facts of insanity, not take them for granted when offered. The three surgeons are obliged to examine separately, so that there will be no collusion whatever. These measures are to secure the liberty of the subject, and prevent him from being sent under false pretences to the Asylum. When received at the Asylum, the case is recorded in the books, under the supervision of the proper officer, to ascertain whether properly admitted. As all the Asylums are now crowded, almost to the last beds throughout the whole Province, many are obliged to wait their turn for admission. This no doubt causes ill-feeling that they are not favored, but it prevents those evils of crowding in the dormitories and corridors, many asylums suffer from. Not a single asylum physician in the Province, will take more than he has provision for, and the number the rooms are calculated to contain, is estimated by so many cubic feet. We do not allow less than six hundred cubic feet to a patient, I do not think it should be less than eight hundred. We

are not allowed to send out chronic patients uncured, and therefore, they are kept in the Institution. I do not say that I am in favor of chronic insane, in separate asylums. I do not know how I shall feel after visiting Willard. The only cases relieving our numbers, are cures or deaths. When friends wish to take a harmless relative out, sometimes they are permitted to do so. We have adopted a system of cottages on the grounds, I suggested four separate cottages, each containing twelve patients, a little community together; but as all things in this world are compromises, the idea of the superintendent could not be adopted by the government, because four separate cottages would be rather expensive, and therefore they are combined under one roof, and kept separate the same as the departments in the asylums are kept separate. There are enough rooms in each cottage to accommodate fifteen, and give them a sitting room, so that the building contains sixty patients.

Dr. KIRKBRIDE. Four wards?

Dr. LANDOR. Not wards, but rooms for sixty patients.

The PRESIDENT. How many stories?

Dr. LANDOR. Two stories.

The PRESIDENT. By and by you may select one for each sex, and it may do very well.

Dr. LANDOR. They are heated with fire places, and the inmates are just as comfortable as at home. The persons thus far selected have required very little supervision. The class that work is selected. After breakfast they go out to work, and no attendant is sent with them. They know when and where to go, and come back at their own pleasure. They are also permitted to walk about as they like. They say it is much more Christian like than the Asylum. If they misbehave, and have to be sent back, they look upon it as a great punishment.

The PRESIDENT. Have you both sexes?

Dr. LANDOR. Both sexes, but we exercise discrimination, one in one side of the building, and the other in the other side. We allow them to take tea together occasionally, and have amusements together, so that it looks much more like home than the separate Asylum. In other ways we make it home-like. They have worked so satisfactorily that we are about to build some more, and we are trying to get them built separately, but as the government are satisfied with the way they are now, we will hardly succeed as we desire.

The PRESIDENT. What is the condition of the Quebec Asylum at the present time?

Dr. LANDOR. It is entirely different from the Province of Ontario. There is no State Institution at Quebec at all. The Asylum at Beauport, is a private Asylum, the government pays so much per week, which is certainly one of the worst systems that could be adopted by any government. Beauport was built for a private speculation, not as it should be built for a public Institution; one Institution is to be built entirely by a Catholic society, to be presided over by priests and nuns, who have charge of the Institution. I think that that is equally objectionable to the other system. The charities of the Province are almost entirely Catholic. They provide pecuniarily bountifully, but they insist on having entire control, so that in the large Province of Quebec, there is no Institution that belongs to the government. I know Miss Dix never saw in her extended trip from the Pacific to the Atlantic, or in all Europe, including Russia, an Institution she condemned so much, as that at St. John's near Montreal.

Dr. BUCKNILL. Does not the system of admission result some times disastrously, on account of the delay in acute cases?

Dr. LANDOR. In our Province?

Dr. BUCKNILL. Yes.

Dr. LANDOR. Two or three days may elapse, but it is laid down by statute, as we have to admit.

Dr. BUCKNILL. Not more than two or three days?

Dr. LANDOR. Frequently we telegraph to them, sometimes we receive all the papers at once, if we know all the parties, and feel them to be reliable, although it is against the statute. I have requested the introduction of a clause, permitting the admission of a case immediately, under certain conditions. We always had such power in England.

Dr. KIRKBRIDE. I should like to know if in any instance the doctor has seen a case that required all this; whether he has known of a patient sent who was not a proper subject for admission?

Dr. LANDOR. I have known patients sent who were not insane.

Dr. KIRKBRIDE. From ignorance or bad design?

Dr. LANDOR. I do not know whether from ignorance, probably from bad design. I do not know that it is a useless precaution at all. I do not know that there is more delay than in sending to a judge away off for an order of admission. At any rate we secure a detailed account as to the condition of the patient. There must be three cases of false swearing with us in order to send patients irregularly to the Asylum.

Dr. KIRKBRIDE. I ask the question because it is asserted that persons sometimes send others to hospitals for the insane, who are not insane, and designedly. I have made careful inquiry without finding a single case. We have never had a case of even a person striving to send another who was not insane.

Dr. LANDOR. I know of a gross attempt to impose upon a Superintendent. I know a lady who ran away with the doctor from her husband. After she had staid a few days she was exceedingly anxious to go back. Her husband was equally anxious to have her return. To induce her to appear insane was the plan used. He could get only two physicians to certify. After giving her opium they managed to get another physician. After several days, the Superintendent saw there was nothing wrong with the lady, and after some inquiry, believed she was sent there for a certain purpose. He so reported. There were instructions to inquire, and if no answer, to discharge her. He discharged her—the inquiry was made, and by one in the locality where she lived. I believe they were satisfied, too, that that was an improper case. I know of an attempt to send in a sailor during delirium. I know of a case, a man sent to London to get him out of the way.

Dr. BUCKNILL. I must confirm the cases of Dr. Landor.

Dr. KIRKBRIDE. I know in this country such a thing is exceedingly rare.

Dr. BUCKNILL. I give my personal experience. I know of one case, a person who did an infamous wrong and was sent to prevent exposure.

Dr. SAWYER, Rhode Island. There has been no change of interest in the management of the insane in our State for several years. I suppose the system is well known to gentlemen here.

The PRESIDENT. Have you no Institution for chronic cases or incurables?

Dr. SAWYER. Such an Institution has been in operation three years, and has now one hundred and fifty patients.

The PRESIDENT. You have no Institution of the State for curables or recent cases?

Dr. SAWYER. No, sir. The only State Institution for the insane is its Asylum for incurables. This Institution is very well managed, and its inmates are made exceedingly comfortable, both the Superintendent and his wife having for many years been engaged in the care of the insane. Most of the incurable pauper insane belonging to the State have been collected there. The whole number of insane now under restraint in the State, is about three

hundred. On the same tract of four hundred acres of land are the Asylum for incurable insane, the State Workhouse, State Almshouse, and House of Correction, and it is proposed to remove there the State Prison, and probably other State Institutions.

The PRESIDENT. You have erected a wing to your building the past year?

Dr. SAWYER. We have now in process of erection, a building intended to furnish improved accommodation for sick or excited females. It will contain thirty single dormitories. In reference to legislation upon insanity in our State, I may say that at the January session of 1874, a bill framed by Mrs. Packard was introduced into our Legislature, but not acted upon. Last winter this bill came up as unfinished business, and was referred to a special committee, all the members of which were known to be in favor of such legislation. The committee finally reported a modification of the original bill, and it was passed. The new law constitutes the Secretary of the State, and the Superintendent of State Charities, a Board of Commissioners to whom any patient may write, and whose duty it is to investigate the complaints of patients or their friends. Every one having an insane person under restraint is required to forward all letters addressed to either Commissioner under penalty of twenty dollars, other correspondence as before.

Dr. BUCKNILL. That is the English law also.

Dr. SAWYER. Copies of this law will be posted in all the halls and public rooms of the hospital. The gentlemen named as Commissioners do not think such a law necessary, but will execute its provisions faithfully.

On motion the Association adjourned to meet at 8 P. M.

At 8 P. M., Dr. Gray read a paper on the Pathological Changes in the Brain, detected by the microscope, illustrated with views of diseased appearances by means of the magic lantern.

WEDNESDAY, MAY 19, 1875.

The Association spent the day in visiting and examining the excellent arrangements of the Willard Asylum for the insane, under the conduct of Dr. John B. Chapin, and returned to Auburn in the evening.

THURSDAY, MAY 20, 1875.

The Association was called to order at 9:30 A. M., by the President.

The minutes of the sessions of Tuesday were read and approved.

The Committee on the time and place of next meeting reported in favor of the second Tuesday of June 1876, in Philadelphia, which was unanimously agreed to.

The Association resumed the consideration of the reports from different members in reference to progress in the care and treatment of the insane.

Dr. WADDELL, New Brunswick. In New Brunswick we have an Institution which was erected to accommodate two hundred patients. It was commenced and partly built and occupied in 1848. It was afterwards extended in 1853, and finally completed in 1862. From the first it has been overcrowded and now there are in it two hundred and fifty patients. The numbers in excess are probably better provided for than they could be in almshouses. In twenty-five years only one, when cholera was suspected, was denied admission. Can any member of the Association inform me if they know of an area of the extent of New Brunswick where there is an Institution for the insane, in which all the insane within its bounds are provided for in the Institution, and where there are none in almshouses or jails, or anywhere else except under the voluntary care of friends. If they do I will be obliged if they will name the locality for I believe the Asylum in New Brunswick stands alone in this respect. One result of having received all asking admission for so long a period, is that the house is now occupied by an immense majority of the chronic insane from among whom but few may be expected to recover, and another result is that the mortality must continue to rate high. In regard to the admission of patients the law requires a certificate of insanity from one medical practitioner, and an order for commitment from two magistrates. We have had no trouble arising from persons being improperly confined. I am very watchful in cases where there is the least suspicion. Cases have occurred where the law may have been strained to include aged weak-minded persons who have become troublesome at home, but no case of glaring abuse has come under my notice. Visitors are allowed access to the wards where

patients are not excited. If there are sensitive patients who dislike to meet visitors they retire to their rooms. Judicious visitors often make themselves very agreeable to patients and afford them pleasure.

Dr. EVERTS, Indiana. To be very brief, our old Hospital has been thoroughly remodeled, renovated and enlarged, and we are now making excavations for another Hospital of the same dimensions when completed. It is to be a department for women; the whole Hospital under one control; the law requires a hospital of six hundred beds.

The PRESIDENT. What will be the distance between the buildings?

Dr. EVERTS. Two hundred and fifty feet.

The PRESIDENT. Will they front on the same line?

Dr. EVERTS. Front on the same line in the same direction. I have the plan adopted with me, and will be very glad to exhibit it. I would say that the honorable Board of Commissioners, with the exception of the distinguished chairman, are with me at present.

Dr. WALKER, Massachusetts. It is known to some of the Association, that about six years ago, the city of Boston was about ready to erect a hospital for three hundred patients, for the city alone. Unfortunately, that was lost by a single vote, and immediately after that, a project was put on foot for the erection of a new State Asylum. They commenced a Hospital for four hundred patients, on the highest point of land in Essex County, in the town of Danvers, the foundation of which is all in; the walls of the extreme sections were begun last fall; one section was raised to the top of the second story, the others to the top of the first, when cold weather set in and they had to be boarded over. The Commissioners last fall requested me to look after the minor points, which I am trying to do. In two years from this time, I suppose, the hospital will be completed and occupied by four hundred patients. It was supposed, when the project was started, that, when completed, the city of Boston would occupy it as far as our necessities required. The project will not be altogether feasible, for there will be patients enough belonging to the State, whose necessities will be urgent for accommodations, to fill this hospital, with a surplus of two hundred or two hundred and fifty. Accordingly, the State will have to proceed with laying the foundations of a fifth hospital, or the city of Boston, which is most probable, will erect a hospital for itself. In Massachusetts there will be four State

hospitals, and in a few years a new structure for the McLean Asylum. At present there is the best of feeling in the commonwealth of Massachusetts among our people to provide for the insane comfortably and completely. At Boston, we are full all the time, and simply follow the plan of twenty years to make the most of the accommodations. It was put up as a respectable and managed as a first class hospital for the insane, with what success, I leave others to say. I think, at no time, has the feeling in regard to the insane been so healthy and active, as at the present day.

Dr. CAMDEN, West Virginia. I am happy to state that our State has provided for her insane. We will have two new wards finished soon, which will accommodate all the insane in the State for a year or two. There is at present no danger of being overcrowded. We have no provision for the colored insane; have about six or eight in the State. Our percentage of insanity is about one in eleven hundred.

The PRESIDENT. You have no colored insane in your Institution?

Dr. CAMDEN. We have none.

Dr. STOKES, Maryland. There was nothing done last winter, Mr. President, by the Legislature of Maryland, in relation to the insane. There was an effort made for the establishment of a Board of Charities, and the introduction of letter boxes in the halls for the use of the patients, but it failed. There was no special legislation whatever applicable to our Insane Institution. At Mount Hope Retreat, we have been engaged throughout the year in improving the grounds, and in erecting necessary outbuildings.

Dr. GRISSOM, North Carolina. Mr. President, I am glad to be able to say, so far as recent Legislative action for the benefit of the insane is concerned, that it is in my power to state facts in relation to North Carolina, that will be hailed with gratification by this Association. Up to this time we have had but one institution for the accommodation and cure of the insane, although our population is fully one million. We have nearly one thousand insane of both sexes and all colors, with accommodations for about two hundred and fifty of them, if we can call our crowded condition "accommodations." The asylum at Raleigh, was designed for the care of two hundred and twenty patients, but driven by stern necessity and a deep anxiety to relieve and restore, as far as means could be safely stretched, we have crowded in two hundred and fifty. Beyond this number we have declined to go, thus leaving

seven hundred and fifty insane in our State yet unprovided for. The Directors of our Institution have been continually pleading for increased accommodations, and I have also urged its necessity. Unfortunately, our State has been embarrassed financially from various causes. We have been poor, with no credit, taxes have been heavy, while the people and the Legislature have been willing to do their duty cheerfully and manfully, heretofore they have been unable clearly to see their way. But I am glad to tell you that our charities are recognized as paramount to ordinary political objects. All parties came nobly up to their support. I have been supported with generous enthusiasm by one party as well as the other. I remarked that the embarrassed condition of our finances had postponed the increase of accommodations for the insane from year to year. But at the recent session of the Legislature, the exhibition of facts and figures of sad and fearful portent aroused their sympathy. With great unanimity, a bill was passed authorizing the construction of a new Institution, west of the capitol, near the mountains. Our State, you are aware, is more than four hundred miles in length, and has but limited means for transportation. There are twenty-five or thirty counties, many thirty to forty miles square, untraversed by a single railroad. There are mountain regions loftier than any spots in the Union, east of the Rocky Mountains. The Legislature appointed a commission of five gentlemen, (myself among the number,) charged with the erection of the new Institution. Two of them are here, in addition to myself, seeking information. I assured them that their work would receive the cordial sympathy of the Association. We are authorized to employ an architect and shall at once proceed to the active discharge of our duties, to the end, that the building season of the present year may be used to the greatest advantage, in order that the relief designed by the State may be accorded to her unfortunates at the earliest possible day. The act of Assembly fixes the site within three miles of Morganton. This is a pleasant town, in a highly salubrious region, about forty miles from the nearest point on the Tennessee line. It is, however, quite distant from the extreme southwestern corner of the State, on the Georgian border. It is surrounded by bold mountains, and has the Catawba River flowing near. In Eastern North Carolina the facilities for transportation are quite convenient, but the West has suffered from the removal of her insane for such great distances to Raleigh. Fortunately, that section has had comparatively fewer thus afflicted. The appropriation by the Legislature is very properly,

only a beginning, being seventy-five thousand dollars; but the intention is to provide a commodious structure for from two hundred and fifty to three hundred patients, supplied with the improved appliances to insure success in treatment and administration, with a strict regard to economy in the annual expenditures. This important consideration is esteemed more needful to contemplate than the actual cost of the apparatus by which it may be secured. It is intended to separate the white from the colored insane. An institution bought by private individuals from the Government, has been tendered for the colored insane, and will probably be accepted eventually. Most of our colored population being in the eastern part of the State, on account of the small original proportion of slaves in the West, from natural climatic causes, the place assigned for the new Institution, Wilmington, answers particularly since a large portion of the colored people have emigrated East to the towns and cotton fields. The opinion prevails, in which I coincide, that the two races are best treated apart, and should be kept totally separate; but that the demands of humanity in either case should be carefully met, by applying the best medical means for cure in all that pertains to their proper care, and tends to their happy restoration. Our patients are now, both white and colored, in the same Institution, which I think, very unfortunate. We have about twenty-five colored in keeping.

Dr. KIRKBRIDE. They are separated from the whites?

Dr. GRISSOM. Yes, sir, in different wards, at present we have two hundred and fifty patients, about twenty-five of whom are colored, with prospects for accommodations for two hundred and fifty to three hundred more whites in the west, and fifty to sixty more colored insane in the eastern part of the State. Among the whites we estimate that there is one insane person in every thousand of the population, but such statistics as we can obtain show that the ratio is not so great in the case of the colored people. Mental disease is more unfrequent among them, which taken into consideration with the number they present in our population, will render the provision referred to quite adequate to our needs. In conclusion, I can not forbear to express before this honored body, the gladness of heart with which every philanthropist in North Carolina welcomes the approaching day that will witness his mother State by the side of her sister States, of Virginia and Kentucky and New York, and excelled by none. And I desire, in profound gratitude, to bear testimony here to the self-sacrifice and the far-sighted wisdom of that Legislature, which has now linked

its fame with the noble body of men, who more than a quarter of a century ago, were inspired by a noble daughter of the State, whose soil I tread to-day, and whom Providence yet kindly preserves to her race. Fame will perpetuate the memory, and Heaven reward with blessing those who first gathered together the wretched, the broken, the ruined in body and mind, the maimed and bleeding and dying lunatics, and threw around them the arms of a high and noble, a blessed and God-like charity.

Dr. KNAPP, Kansas. The position of Kansas with reference to provision for the insane is by no means satisfactory to her citizens. At present our entire resources in this direction consist of two small sections of the north wing—much of the room is necessarily occupied by officers and employes—leaving good accommodations for only sixty-six patients, and now contain one hundred and thirteen. The Asylum is located in the extreme eastern border of the State, and about central as between North and South. I think the location was decided upon in 1864 or 1865, and at that time little or no opposition was made to the location, but soon afterwards it became evident that the future magnitude, which such an Institution must necessarily reach to subserve a reasonable purpose, had not been duly appreciated, and then the question of location became a serious one. Efforts to enlarge the building were met by efforts to abandon it and build in a more central part of the State. In the Legislature of 1873-4, a bill was introduced and passed by the House providing for the removal and permanent location of the charitable institutions to the capitol, and the appropriation of fifty thousand dollars to commence an Insane Hospital at that point. The Senate not only failed to concur but passed a bill appropriating twenty-five thousand dollars for enlarging the present building. This took place on the last day of the session, and the result was that no appropriation was agreed upon. So that while our people have been disposed to liberality towards their insane, they have been kept apart by the ever recurring question of locality, and the prejudices naturally arising from it. I am pleased to say, however, that the Legislature, of 1874-5, took a new departure, and in view of the times, the gloom and discouragement which rested upon all the people of the State, acted bravely and generously by giving us fifty thousand dollars to enlarge the Asylum at Osawatimie, and twenty-five thousand dollars to commence the erection of a new one at Topeka. It is hoped and believed that the compromise will prevent any further embarrassment as to location, and with the return of ordinary prosperity, both Institu-

tions will be pushed rapidly to completion. We have no reliable data upon which to fix the number of insane persons in the State. The last census gives us a population of six hundred and forty thousand, and it is believed that we have five hundred insane outside of the Asylum. Many of them are in poor houses and jails; many are kept by their families, and some are in the Asylums of other States. With the appropriation of last winter, and the fifteen thousand dollars on hand, we expect to provide additional room for one hundred patients. Chronic cases are discharged to make room for recent cases.

The PRESIDENT. Before passing from this general survey of the condition and work of our specialty, in the United States and the Dominion of Canada, I will make a brief statement in respect to the condition and prospects of the National Hospital for the Insane, and in respect to a proposition brought before Congress, at its last session, in which I suppose you will all be interested. It is known to most of you that that Institution was established for the care of the insane of the army and navy, and of the District of Columbia. Since it was opened, the insane of the Revenue Cutter Service, and of the Merchant Marine, have been added to the classes originally provided for. The original structure was intended for three hundred and fifty patients. Additions have been made, until there are now proper accommodations for five hundred and seventy-five. At the end of April, there were seven hundred and fifty under treatment, or one hundred and seventy-five in excess of the number that can be most advantageously treated in the Institution. Last winter an effort was made to carry into effect the plan which has long been under consideration, of erecting a separate building for the female patients, on the opposite side of the public road, from the present buildings, and on a site about one-third of a mile distant from the latter, and devote the present buildings and enclosed grounds, entirely to the use of the male patients. Having erected one addition exclusively for chronic army cases, and another for refractory cases, both military and civil, and thus provided the means of the ward separation, required by the numerous classes of cases treated in the Hospital, it is now proposed to separate the sexes, and make each separation the basis of the permanent enlargement, and future policy of the Hospital. You can well understand that with about seven men to two women, in an institution primarily established for men, the latter must needs monopolize many of the privileges of the establishment, particularly those of the grounds. Men are naturally more out of doors

than women, and claim precedence of them, in the use of the walks and groves, about the house occupied by both sexes, and the soldier is apt to think himself entitled to the benefit of everything about him, and the rights and privileges of people who have not fought for their country, quite secondary to his. By the erection of buildings for the female patients, one-third of a mile distant from the present buildings, with a public road between the two departments of the Institution, we can give both sexes, particularly the women, much more personal freedom, than it is now practicable for them to enjoy, and at the same time, greatly lessen the risks and anxieties that attend the exercise of both men and women in large numbers, in the same grounds, however spacious and advantageously situated. A plan of a building for the female department, approved by the Board of Visitors of the Hospital, and by the President and Secretary of the Interior, was laid before Congress, and an appropriation of one hundred and seventy-five thousand asked, or one-half of the estimated cost of the contemplated structure. The bill making the appropriation, passed the Senate by a large majority, after a pretty full discussion of the question, and understanding of its merits, but I am sorry to say it was disagreed to by the House, and finally lost in Conference Committee at the very last moment of the session. I hope and believe that the appropriation will be made at the next session. I hand you for your inspection the general plan and elevation of the proposed building for females. It is intended to accommodate two hundred and fifty patients. It will be built of bricks, with iron outside trimmings of windows and doors, and is expected to cost, furnished and fitted up ready for occupancy, three hundred and fifty thousand dollars, or fourteen hundred dollars per patient. The cost I have named does not include any expenditure for ground or grading. The site upon which it is proposed to erect the building is nearly level. The surface is clay, with a hard gravel substratum. The plan of the proposed building, presents two or three peculiarities. 1. The basement or cellar story is intended to be about half its height above ground, with a wide area about it, bounded on the outside by a sloping embankment, the object of the arrangement being to obtain light, dry, wholesome rooms for economical and domestic purposes. The kitchens, lodging rooms for all employed in the basement, grocery store rooms, and heating apparatus by hot water circulation, will all be in this story. It is proposed to have only one laundry and one bakery for the two departments of the Hospital. 2. The attic story will be light,

well-ventilated and capacious, and used as dry goods store rooms, serving rooms, (one directly over each ward,) and lodging rooms for chamber and table girls, seamstresses and such of the attendants as are not needed in the wards at night. Under such a construction, a class of patients may be taken into one or more of the attic sub-divisions while their ward is being renovated, and occasionally for a short time, while the ward is being thoroughly ventilated, and it will readily be seen, that it will be practicable to take patients of each section of the building directly to their own sewing rooms, and that it will be unnecessary to associate patients, of classes differing materially in personal habits and in refinement, as seems to be necessary, when there are but one or two large sewing, or day rooms, connected with the establishment. It is thought that under such an arrangement, more agreeable daily changes and diversions can be obtained, than in a building of the usual construction. I offer this plan as a proper one for a State institution for the insane, which receives patients of every form of mental disease, and of every grade of culture and ignorance, and of every degree of wealth and poverty.

DR. EVERTS. It is not designed to heat with water and not with steam?

THE PRESIDENT. With water, not steam.

DR. EVERTS. Do you regard water as economical as steam?

THE PRESIDENT. It is my conviction that heating by water is somewhat more economical than heating by steam, and hot water is sometimes more convenient than steam, as the boilers as well as the radiating coils can be safely placed in the basement of a Hospital edifice, and a boiler house near the Hospital, which to my mind is always inappropriate and often unsightly, dispensed with. The first cost of steam and hot water apparatus is not very different. In the use of steam a little less but somewhat more costly radiating surface is necessary than in the use of hot water. The cost of fuel can not materially differ in the two cases, but the management of hot water apparatus is considerably less costly than that of steam. Faithful laborers at twenty dollars per month and board will "run" a hot water apparatus, while the safe management of a steam apparatus usually requires one man whose wages range from forty to seventy-five dollars per month. The hot water apparatus is always safe, as the whole apparatus is always full of water, heat is derived from every part of it until the temperature of the whole body of water falls below that of the external atmosphere. For that reason less night firing is necessary than is re-

quisite when steam is used. In the present Hospital edifice there are four boilers under each wing, and near its extreme end. Each set of boilers is attended in winter by one man, at twenty dollars per month, assisted by one or more patients. In the summer these men, not being professional engineers and above ordinary labor, go out upon the farm or attend to some special duty appertaining to the warm season.

Dr. GRISSOM. How do you introduce water into your building and from what source?

The PRESIDENT. The source of our water supply is several small springs near the site of the Institution, and the Anacostia or Eastern branch of the Potomac, which is about two thousand feet in a direct line from the front of the Hospital edifice. The river water is soft, but sometimes quite turbid and fresh, though there is a tide of four feet at this point. The water is raised to iron tanks in the attic by steam pumps. At the last session Congress made an appropriation to supply the Institution with water from the Potomac aqueduct, the "head" of which will not carry the water more than half way up our hill, and we shall still be obliged to pump it. It seems to me important to you that you should be apprised of Mrs. Packard's movements in Washington last winter, and with your leave I will occupy a few minutes in narrating them to you. Mrs. Packard presented to the two committees of Congress on Post Offices and Post Roads, a bill authorizing and requiring the Post Master General upon the application of the Legislature of any State to place in every Institution for the insane in such State, a locked letter box in which all letters written by patients shall be placed, and to designate a clerk from the nearest regular post office to open such letter box once a week, remove the letters and stamp upon them the name of the Institution in which they were written and mail them to the parties addressed. There was no restriction whatever in relation to the parties to whom letters might be written. This bill was accompanied by a long memorial briefly advocating such Legislation, and relating at much length her hospital experiences and grievances. Immediately upon hearing what was going on Dr. McDill and I called upon the Chairman of the House Committee, Hon J. B. Packer of Pennsylvania, and had a full conversation with him, in relation to this measure. We found Mr. Packer's feelings had been somewhat enlisted in favor of the bill, and afterwards learned that the other members of the Committee had been similarly impressed by her representations. Information and reflection caused some members of the Committee

to doubt and hesitate, and others to change their minds and wholly oppose the measure, and the bill was not reported to the House. The Senate Committee, (Senator Ramsey chairman, but absent at the time) approved the bill and reported it to the Senate, but it was never put upon its passage. If every member of this Association will, before the next meeting of Congress, take pains to fully post the representative of the district in which he resides and one or both of the Senators of his State, upon all the facts and relations of this question as it has been presented to several of the Legislative bodies of the country, there will be no danger of the passage of such an unjust and mischievous bill as I have described. Otherwise such a bill may pass. A word to the wise is sufficient. In conclusion I think we must all have derived pleasure and encouragement from the information that has been spread before us in relation to the condition and progress of our specialty of medicine, in America, both as a psychological science and a benevolent art which have such important relations to the progress of opinion among us, to social and statute laws, and to the welfare of individuals and communities. In nearly every State both an increase and improvement of the accommodations for the insane are reported. In a few cases there has been a failure to obtain much needed appropriations, but if the friends of the cause are judicious and persevering in urging the wants and claims of the insane upon the attention of Legislatures from whom appropriations are needed, I feel confident they will be sooner or later obtained. In an early stage of the enterprise of building up an Institution for the insane at the seat of the General Government, a distinguished Senator at that time said to me in substance, "Doctor, Legislatures are sometimes slow, sometimes fickle, but they will sooner or later recognize the merits of a good cause, if it be perseveringly and respectfully presented. Do not be discouraged if you do not get appropriations when you first ask for them; ask again and again, if necessary, and you will get them at last." These words gave me a power of hope and perseverance that I should not have had without them, and I have more than once realized their truth. Perhaps their repetition here may impart a degree of fresh hope and strength to a brother who has been temporarily unsuccessful, or only partially successful in his efforts to obtain such accommodations, as the most afflicted and helpless of our fellow men, whose cause he has espoused, stand sorely, it may be, in need of. The trite old Latin maxim "*Perseverantia omnia vincit*," is as pertinent and encouraging for us in our labors for the benefit of the

insane, as to the labors of any class of mankind. The liberality of Legislatures has, in many instances, been highly creditable to their intelligence and benevolence, and perhaps I should add to their self interest, for it is getting to be well understood that no citizen is exempt from the liability to become insane and that insanity is an eminently curable disease if it receives early and proper treatment.

The following letter from Dr. Joseph Workman, was read by Dr. Landor:

ASYLUM FOR THE INSANE, TORONTO, May 13, 1875.

My Dear Dr. Landor:

You have informed me of your purpose to attend the Annual Meeting of the Association of Medical Superintendents of Asylums for the Insane, about to be held at Auburn. I deeply regret my inability to accompany you and to meet, for the last time, my confreres of the specialty. I am now busied in preparatory arrangements for change of residence, and in direction of official labors so that I may leave this Institution, after two and twenty year's incumbency, in a better condition than that in which I found it; add to these embarrassments the fact that in two weeks from this date, I shall have, if spared, completed my seventieth year of age, and that I am not exempt from *all* the infirmities which are incident to human decadence, and I think you and my esteemed brethren, will cordially acquit me of apathy or negligence on this occasion.

May I now make you the bearer and exponent of my warmest assurances of respect toward the entire brotherhood, and of veneration of the veterans who first welcomed me into their ranks. May God bless you all and ever sustain you in your arduous and too often ill requited labors.

JOSEPH WORKMAN.

On motion, the letter was received and ordered to be entered in the minutes.

On motion of Dr. Curwen, seconded by Dr. Kirkbride, it was unanimously

Resolved, That this Association has heard with deep regret of the intended retirement of Dr. Joseph Workman, from the Asylum for the Insane, at Toronto; and of Dr. John Waddell, from the

Provincial Lunatic Asylum, St. John, New Brunswick, and desire to express to them their high regard and esteem for them as men and as members of this Association, and the hope that the evenings of their days may be bright and happy, and that peace and joy may attend them wherever they may be.

Dr. Kirkbride stated that he had received letters from Drs. Ray and Worthington, regretting their inability to attend this meeting, and expressing their warm interest in the Association.

Dr. Compton also stated that Drs. Rodman and Bryant, were both detained at home, by sickness, and that Dr. Forbes had expected to be present.

Dr. KIRKBRIDE. I believe there has not, as yet, been any announcement made of the death of one of the founders, if not the actual originator, of this Association, which has occurred since the last meeting. I need scarcely say that I allude to Dr. Stribling, of the Western Asylum of Virginia. It would seem proper that some action should be taken relative to the demise of this well known member of the Medical Profession, distinguished, as he was, by his high traits of character, and his devotion to the specialty to which most of us have given no small portion of our lives, for there was no purer man, and there were few that were more able. He had to a remarkable degree the confidence of the people of his State, and his influence there was so great that any recommendation he made was almost sure to be adopted by the people. He was an able counsellor at all times.

Dr. Kirkbride moved that the resolutions be prepared by a committee, and that Dr. Baldwin now read a notice that he has brought with him, and which has been prepared by one of his fellow citizens in reference to our departed friend.

The motion was seconded by Dr. Walker and agreed to.

The President announced that the committee would be appointed at a later period of the session.

Dr. BALDWIN, Virginia. Mr. President and Gentlemen of the Association: I hold in my hand a sketch of the late Dr. Stribling,

drawn by an eminent lawyer in Virginia, Judge H. W. Sheffield, his intimate and life-long friend. It portrays with peculiar pathos the traits which characterized his useful and honorable life. For thirty-eight years he administered to the sick and afflicted, and under his wise administration and able guidance his asylum gained and maintained a wide spread reputation. His sickness elicited unusual interest through the State, and his death was acknowledged as a great public calamity. In all matters pertaining to this specialty he was regarded as the highest authority, and so frequently was he called from his duties to testify as an expert in criminal cases, that it became necessary to protect him by a Legislative enactment. He was a man of quiet and unostentatious manner, but possessed in a remarkable degree the faculty of controlling others. His word in our Legislature was sufficient endorsement for any measure he deemed beneficial and proper, and he never appealed in vain.

Dr. Stribling was born on the tenth day of February, 1810, and was in the sixty fifth year of his age, when surrounded by his family and friends, in his own home and near the spot where he was born, "in the comfort of a reasonable religious and holy hope and in the communion of the Catholic Church," he calmly yielded up his spirit to God who gave it. For nearly thirty-eight years Dr. Stribling's life was devoted to the care of the insane. It was with him a labor of sympathy and love. He was peculiarly fitted, by a rare combination of attributes of character, for the sphere to which God called him. He was gentle and loving as a woman, yet firm, and resolved as a man of iron nerve. He was full of overflowing sympathy and tenderness of feeling, yet cool, deliberate and immovable as a rock, when duty was to be done. He was learned in his profession, eminently skillful in its practice, endowed with an almost intuitive sagacity in tracing the causes of insanity, and a fearless innovator upon ancient usages in the treatment of the malady. He discarded the harsh idea that the insane were, in some sort, accursed of God and proper subjects of severe and oftentimes cruel discipline and torturing restraints. He recognized insanity as a disease, and if judiciously treated, a curable disease. He gathered around his patients all the soothing and healing influences, which loving sympathy could suggest, in aid of those remedies, which science prescribed and consummate skill applied, and among his most trusted remedies was the religion of the Bible. Its holy influence was not only felt in the chapel where its sacred ministrations were regularly dispensed, but as an all

pervading power to control, to calm, to heal. His treatment was not only restorative but elevating; in his view, the mind of the insane was not a total wreck; it was noble, though still in partial views, its light was Heaven-born, though refracted and disordered, and the glory of his work consisted in causing the spirit of love to breathe over the chaos, it was to bring order out of confusion, and the steady light of reason out of distorted mental rays; and this he did and taught others to do as a mother careth for her afflicted child, with a patience that never grew weary, and a love that never grew cold, till at length—the body being healed of *its* disorder—he succeeded in touching some holy emotion, some sacred association, and by the power of newly aroused moral incentives and religious motives, gradually lifted the mind into the glad light of reason, and the heart into the sunshine of loving gratitude. His was truly a blessed and ennobling work, and he was blessed and ennobled by it. He was not only a learned and skilful physician, and a large hearted philanthropist, but he was pre-eminently a man whose life was duty, of great administrative capacity and of untiring laboriousness. He directed and superintended not only the general working, but the minutest details of the extensive Asylum over which he so long presided. He cared for the “trifles which make the sum of human things” as well as for the great things which surrounded him. He considered nothing unimportant which concerned the good order and success of the Institution under his charge. On principle he disdained not, but was careful to observe even the “minor moralities” of social and business life. He was always courteous and urbane in manner, even on “hospitable thought intent,” and dispensed charities noiselessly as the silent falling of the dew. He will be gratefully remembered by many who have had friends in the Asylum. He replied with promptness to their letters, and answered their inquiries, not in dry business style but with a kindness and sympathy that soothed many aching hearts. The routine of professional life impressed upon him none of the hardness of mere professional manner. His warm hearted and unselfish devotion to the work his Master gave him to do, kept him gentle and loving to the last. He enjoyed the rare felicity of knowing that his works would live after him, and that in long years to come the insane would rejoice that he had lived. He won fame for himself, honor for his native State, and exalted the character of his profession, but above all, by faith in his Savior and humble trust in his atoning blood, we humbly believe he has gained for himself an abund-

ant entrance into the rest which remaineth for the people of God; and if human thoughts and grateful memories cling to the spirits set free from this tabernacle of clay, he will be no stranger to many whom he has blessed in life, and who have gone *home* before him. Then sweet be his rest.

The PRESIDENT. The death of Dr. Stribling having been most feelingly and appropriately announced by Dr. Kirkbride, the subject is open for further remarks.

There being no response from the floor,

Dr. NICHOLS said. Before announcing the committee to prepare a memorial just authorized by the Association, I desire to say that in going to Washington, nearly twenty-three years ago, Dr. Stribling became my neighbor, though not a very near one, and from that time until his death I enjoyed his wise counsel and earnest sympathy in the somewhat unique and difficult work in which I have been engaged, as well as all the amenities and moral support of the best friendship. Under the circumstances his kindnesses were very highly appreciated, I fully concur in all that has been said in his praise by Dr. Kirkbride and by Dr. Baldwin. For many years before his death, I believe Dr. Stribling enjoyed the very enviable distinction of being the most trusted and beloved man in Virginia, the result of his invariable kindness and urbanity, and of his discreet and able management, for a third of a century or more, of one of the Asylums of that State.

The chair appointed on the committee to prepare resolutions in reference to the death of Dr. Stribling, Drs. Kirkbride, Walker and Waddell.

Dr. BARSTOW, New York. I would like to make a brief report of a case, which in some respects, I think stands by itself, certainly in my own experience it has no parallel. It is the case of a gentlemen, past seventy years of age, who after being fifteen years an acknowledged lunatic, and spending thirteen years in an asylum, recovered his mental soundness, was declared to be of disposing mind by a legal commission, made a will, and the will was sustained. If there may be in the experience of the members of the Association, a similar case, I would be glad to hear it reported. This person, (J. L.,) was of Scotch birth and parentage, and came to America sixty-five years ago, at the age of eight years; the tendency to insanity inherited. He was one of a large family of

children, who with their father, emigrated to Canada, and settled on a farm in the vicinity of Montreal. At the age of seventeen, he left the farm and went to Montreal, where he learned a trade, and afterwards removed to the State of New York, engaged in business, and accumulated considerable property. He married at the age of forty, and his domestic relations were in all respects pleasant. He was an elder in the Presbyterian Church, and much esteemed in the community where he lived. His married life lasted about ten years, he had no children of his own, but took charge of some children of a brother, for whom he manifested the utmost attachment. The death of his wife, which occurred very suddenly in 1855, during an epidemic of Asiatic cholera, produced a severe shock upon the patient. He spent two days over her coffin, in the most abject grief and despair, and after her burial gave way to utter melancholy, from which it was in vain to arouse him. At times he gave way to excessive remorse and weeping, and after two years it became evident that his mind was unbalanced. He became melancholy and morose, suspicious of every one, fancied that conspiracies were formed against him, neglected his business and his church duties, and ignored even all his social relations; after two years of anxiety on the part of his friends, during which he was carefully watched, but not restrained, he was placed in an asylum, with his own entire consent, and after a few months, (in February, 1862,) he was placed in my care in Sanford Hall. Patient was never violent, but his delusions made it necessary that he should be carefully watched. He was constantly confused, doubtful and anxious, fancying that he was to receive a revelation from Heaven, as to the course he should pursue. Under the influence of this idea he would wander away in an aimless manner, searching for the light. He would follow a stranger, go into other patient's rooms, appropriate articles belonging to others, wander after female servants, and attempt to enter the ladies' apartments, with no purpose, except to find the clue which should lead to his relief from the mental confusion and darkness, which oppressed his whole life. He heard voices calling to him, which he would often attempt to obey, and daily looked for the revelation, which was to come to him at length in some unexpected and supernatural way. He sometimes spoke of suicide, but never made the slightest attempt at self-destruction; no restraint was found to be necessary, excepting that he was restricted to the grounds of the Institution, unless in care of an attendant, and his friends were encouraged to visit him freely. This condition of sub-acute melancholy, with

delusions, continued for two years, without any apparent relief or change. At the end of that time, a child, daughter of one of the officers, was born in the Institution, and this event seemed to have the effect to arouse all the patient's interest and emotions. This he fancied was at length the clue he had so long searched for, this way, the way and the light, which in his darkness and doubt he had so patiently expected. Daily contact with the child, developed an increasing fondness, which, as the child grew, was warmly returned, and before two years had passed, the man's nature had plainly undergone a change. His delusions were only occasionally manifested. He became more social and genial, wrote letters to his friends, walked, drove, played billiards, occupied himself with books and papers, and for the amusement of the child he was always ready and untiring. After eight years of this experience and intimacy, the change in the man's nature seemed entire. No trace of his former delusions remained, his suspicions had vanished and his manner and bearing were those of a sane man, although his many years of seclusion, added to the infirmities of increasing age, had rendered him reserved and taciturn, and somewhat distrustful of himself. His affairs now began to require attention. His brother who had been his partner in business, and the guardian of his person and property, during his fifteen years of melancholy, had broken down in mind and body within the previous year, and there was no one to look after his estate, which was estimated at about one hundred and sixty thousand dollars. The patient, therefore, consulted me as to the possibility of making a will, I told him that with legal aid, I thought it might be done, and that I would assist him by all means within my power. Able counsel was engaged, a writ *de lunatico inquirendo* was made to issue from the Supreme Court of Queens County, and commissioners were selected, whose action should make void the commitment upon which, thirteen years before he had been declared insane. A full jury was empannelled, and every measure was taken to fortify the action of the commission, since in all probability, the will would be attacked, and if possible set aside. The commission held their sessions at the Institution, and I testified strongly to my belief, that the man had recovered his mental balance so far as to be capable of managing his own affairs, and that I regarded him as of sound and disposing mind. I expressly stated, that while I did not think him capable, at his advanced age, of undertaking the management of any complicated business relations, or of directing the interests of others, I had no doubt of

his entire ability to understand and direct his own personal affairs. Other testimony was taken of tradesmen in the village, and others with whom he had dealings during the years of his gradual convalescence, and the jury were satisfied of the man's soundness, and so declared in their verdict. The will was made a few days after, and in less than a year from that time the testator died of pneumonia, after one week's illness. The will was offered for probate, was contested by some of the relatives, but was sustained by the Surrogate, and the property is now in the hands of the legatees.

The PRESIDENT. Did you state what the delusions were?

Dr. BARSTOW. They were both delusions and hallucinations. He was in a state of confusion, darkness and doubt, but could never define his own impressions clearly, even to himself. He fancied that relief was to come to him from Heaven in some mysterious and unexpected way, and he constantly heard voices suggesting to him, plans and modes of meeting with this expected revelation. The question was constantly present with him, how should he find the way out of his labyrinth? When would the light come? And how would it come? He thought it might reach him at any moment, and probably in the shape of some person. He was therefore always on the alert, listening for guidance, and ready to follow any clue that might present itself.

The PRESIDENT. Did he actually hear the voices?

Dr. BARSTOW. He thought he did, but having for the moment obeyed the impulse to follow and to search for light, his second impulse was always to doubt and halt. This gave a perfect uncertainty and indirection to all his movements.

The PRESIDENT. Did he hear the voices habitually?

Dr. BARSTOW. I think not constantly, some days he was much more under the control of his delusions than others.

The PRESIDENT. This delusion properly, was that some person would come, or would appear to him to disclose to him his duty?

Dr. BARSTOW. Yes, and as he did not know the time or the hour, or the person, he felt bound to be constantly on the alert watching for the revelation.

A DOCTOR. Did he on the first appearance of the child feel that he was specially directed to her as a means or way of relief from his difficulties.

Dr. BARSTOW. He did so, but not in specific language. He implied that he thought his deliverance would come from this source, as apparently it did in the end. I would like to inquire

Mr. President, if you have known a similiar case in your own experience, where a patient so long an inmate of an asylum has been restored to his rights as a citizen by the action of a commission *de lunatico inquirendo*, his soundness established by legal process, and a will subsequently made by the party sustained as valid.

Dr. WALKER. If I understand Dr. Barstow aright, the point he raises is this, that a patient after fifteen years should recover.

Dr. BARSTOW. Should recover and be acknowledged as recovered, in the most substantial way.

Dr. WALKER. I suppose there have been such cases, even after a longer period of time than that. The most remarkable case that I know of, that of a lady after being nine years as insane as any one would care to be, with melancholia, drifting into what seemed to be utter dementia, and after a period of ten years, sitting in her chair, only moving out of the room or chair when the physician insisted she should, finally began to improve, and was discharged thoroughly recovered. She was a single lady, who afterwards married a man, (unfortunately of a miserly disposition, although with property enough to live comfortably,) who fell sick with rheumatic fever, was too miserly to hire help, the wife acting as nurse, and at the end of six months of that kind of life, she became again a subject of melancholia. A case lately occurred in Massachusetts, of which I have no personal knowledge, and very little correct knowledge, except on hearsay. It is said that twelve or thirteen or more years after the suspension of the transaction of any business, he recovered.

Dr. JELLY, Massachusetts. I have no personal knowledge of the case mentioned by Dr. Walker, but have heard of the particulars through friends of the family. The patient was a very wealthy merchant of Boston, worth several millions, but was very parsimonious. He was doing a very large amount of business to which he confined himself exclusively, taking no recreation, and giving no attention to anything else. Finally, by this course and great overwork, he became exhausted and depressed, and passed into a state of acute melancholia. He imagined himself very poor, and that he and his family would go to the poor house. He developed active suicidal tendencies. Dr. Tyler was consulted, and he was put under the care of Dr. Buel at Litchfield. He became very inactive, and remained for nearly thirteen years in a state of apparent dementia, taking little interest in anything except in counting gold coins over and over again, going out only when told, eating his meals only when required to do so. His case was considered

hopeless, and his friends received no encouragement in regard to his recovery. At the expiration of twelve years and six months he began to show mental activity, manifested interest in what was going on around him, and at the end of thirteen years he was considered a sane man and returned to his home. His family consider him entirely well, and he has taken charge of his affairs. He does not enter into active business, but has assumed the general direction of it. It is stated, (of this I have no certain knowledge) that the first evidence of the restoration of his mental health was the interest excited in the ascension of the "Graphic" balloon which passed over Litchfield. An improvement is said to have commenced at that time which resulted a few months later in his recovery.

Dr. BUCKNILL. The circumstance which has most struck one in this case related by Dr. Barstow, is not so much the long duration of the disease preceding recovery, as the fact that recovery took place in a case where the symptoms would have led us to form a most unfavorable prognosis. I have certainly met with cases which have completely recovered after the existence of mental disease after fifteen years, but I do not just now remember any case in which recovery has taken place after such remarkable hallucinations of hearing and sight. A very curious case of recovery has recently been recorded in the law reports on my side of the water, the mention of which may interest you. An undoubted lunatic was an inmate of the hospital for the insane, near Exeter, under the care of Dr. Lyle, he threw himself out of an upstairs window which had been left open, thereby causing concussion of the cerebro-spinal axis, the result of which was that he recovered his mental powers, but that the lower part of his body became paralyzed, and he brought the action against Dr. Lyle for negligence of treatment in allowing him to throw himself out of the window, but he failed to get a verdict.

The PRESIDENT. It would seem that he valued his limbs more than his reason.

Dr. HUGHES, Missouri. I have not seen any cases recover who have been insane, and under my own personal observation, ten years before they were restored. I have seen chronic cases reported to have been so long insane, recover. An interesting feature of this case, in connection with its long standing and recovery was the form of insanity with the hallucinations of sight and hearing. Patients having mania with these hallucinations offered, usually, the least prospect of recovery. Had it been a case of

melancholia it would not have excited so much surprise. Esquirol relates a case of dementia recovering after ten, and a case of mania after twenty-eight or thirty years; Pinel a case after twenty-five years. Blandford mentions some cases of melancholia, recovered after five and seven years, and believes that "depression is the only form of insanity in which we may expect recovery after so long a period. In April, 1869, one hundred and thirty of my patients were removed to the new St. Louis County Asylum. They were mostly all chronic, and among them there were some remarkable cases of recovery. I remember one case in particular which I and my predecessor, at Fulton, had classified as chronic mania, a chronic insane pauper, who had gone to the State Asylum from St. Louis county several years before I became Superintendent, who made an ostensibly rapid and perfect recovery under the influence of his changed surroundings. But such cases so seldom recover after three or more years, that it is scarcely worth while to make a note of them. Except in melancholia, few of us, I presume, would venture a hopeful prognosis after the third year.

Dr. WALLACE, Texas. I have listened with interest to the report of cases, claiming to be profoundly ignorant, while I care little for mere speculation, such cases and aspects of cases as can be utilized and turned to practical account are of prime importance to me. The thought that has been uppermost in my mind while listening to this discussion, is whether or not patients that have become stationary and remained for months in this condition, settled down into an apathetic listless condition, bordering upon quiet dementia, would not in a great many instances be benefited by being released from the routine of asylum life where there is little or nothing to diversify existence or to rouse their minds to activity and furloughed for brief intervals, and permitted to come into contact with incidents and scenes, such as these alluded to by the gentleman from Boston. Would not such a course, I beg to submit, have a tendency in some instances to call them back to themselves? I would respectfully ask of the Association if this method of treatment has received due attention in this country. I have furloughed within the last few months two such cases laboring under melancholia. I may be mistaken, but it was and still is my conviction that neither of these cases would have recovered in the Hospital. They both began to improve from the hour they left the Asylum, and, as I have been informed by their friends, are entirely recovered, and one of them has engaged in business. I see from their reports that more attention is paid to this feature

in the management of the insane, in English asylums, and I would be gratified to hear from our distinguished visitor, Dr. Bucknill, upon the subject, what from his experience and observation is the practical working of the system of furloughing in Great Britain.

Dr. BALDWIN, Virginia. When I entered upon my new duties in charge of the Asylum at Staunton, which I did without experience in this specialty, I found the Institution almost completely occupied by the class of patients known as chronic or incurable, many of them having been residents there for a number of years. The question then came up, how are they to be disposed of? Can any of them be returned to their homes and be made useful? or, at least, can they be cared for by their friends, so as to give room to others who stand more in need of the treatment and the restraint of the Asylum, and who are daily clamoring for admission? Dr. Stribling had inaugurated the system of furloughing patients, and practiced it successfully. It therefore occurred to me that by a liberal use of this means, some relief might be afforded, and with this view, each case that offered any promise of being benefited, or that could be removed with safety, was carefully examined. A correspondence was at once opened with their friends, and upon their written obligations, cases of absence of thirty to sixty days were granted. In this way as many as twelve or thirteen cases have been out at a time. The results, upon the whole, have been favorable. Two cases that would otherwise have ended their days in the Asylum, were, after trials of from ninety to one hundred and twenty days, ultimately discharged. One of these cases was that of a laboring man, who had been in the Asylum over three years, leaving at home a family entirely dependent upon him for daily bread. The other had resided in the Asylum for twenty-five years, and had at one period exhibited violent symptoms, but had gradually subsided into a harmless, eccentric old man. After a sojourn of four months with his friends and relations he returned to the Asylum with a petition, signed by many of the most prominent citizens in his immediate section of the State, asking his unconditional discharge. It was granted by the Board of Directors and he was then placed in control of his property, estimated at twenty thousand dollars.

Dr. HUGHES. Has he recovered?

Dr. BALDWIN. So far as to give practical evidence that he could live at home and manage his own affairs.

Dr. WALLACE. I beg to ask the expression of Dr. Bucknill's opinion, upon the question of allowing the absence of patients from asylums.

Dr. BUCKNILL. That is a matter in which I shall have great pleasure in giving you the results of my experience. The system of allowing patients to be absent on leave, is one which is now habitually practiced to a considerable extent in England, both in hospitals for the insane, and in private asylums, and it has grown up within my own recollection. It may be said now, that most of the inmates of these asylums, whose means permit the additional expense, and whose mental and physical condition do not seem unfavorable to the journey and change of residence, do now get an annual furlough to the sea side, or to some other place of residence at a distance from the Asylum. The practical effect of this system has certainly been to relieve the wearisome monotony of asylum life the change is looked forward to by the patients, with evident manifestation of delight, and the benefit even to the incurable, can hardly be over-estimated. I believe I was the first person to take a number of patients from an asylum, to reside at the sea side. When I was in charge of the Devon County Asylum many years ago, we were once greatly overcrowded, and an extension of buildings was determined upon; but in the meanwhile the question arose, what could be done with the existing excess of inmates, and it was resolved to place them in some convenient private house, if I could find one. I did find a large, unoccupied, and very convenient house, overlooking the sea, at the beautiful town of Exmouth, which I rented for the purpose, and then went away for my annual holiday. When I came back I found that the people of Exmouth had become greatly alarmed, and that they had petitioned the authorities to the effect, that sending so many lunatics to their town, would keep away other visitors, damage their property, and prove a serious loss them. I found I was on the point of being beaten, and therefore, within forty-eight hours of my return, I managed to get all my patients quietly settled in their new residence. While the Exmouth people were debating, I got possession. They were very angry with me, but we were very quiet for awhile, gradually, however, we crept down to the beach, and made use of the pleasant walks in the neighborhood. We did not kill any body, and did not seem to drive any one away. The patients were females exclusively, and the inhabitants began to talk with them, and finally to like them, and when in the following year our new building was completed, the timid inhabitants of the little town, confessed their mistake in the most handsome manner, assuring us that they were quite willing that we should remain permanently. Since that time, as I have said, this annual sea side furlough, has been

largely granted to the insane of the richer classes. And I think it is very much to be desired, that some arrangement should, if possible be made, by which even pauper lunatics, in certain states of mind, might get a change from the Asylum, and not remain the whole of a lifetime within the walls of an institution, which they naturally come to regard somewhat, in the light of a prison. While patients are absent from an asylum, at the seaside or a country residence, they are under the charge of officers from the Asylum, but not unfrequently, patients are permitted to leave the Asylum without official attendance, and to reside with their friends during their good behavior. This is called being out upon trial, and is found to work exceedingly well, especially with convalescents. In case of a relapse, or it being found that the patient is not thoroughly recovered, he is readmitted into the Asylum at any time before the expiration of his leave without any official formalities.

THE PRESIDENT. Have you known parole patients to get worse and to get violent?

DR. BUCKNILL. Certainly, and we have found some who could not bear the sea air, which would bring on an attack of mania. For these, change into the country away from the sea, is preferable. Moreover some patients strongly object to any change, but on the whole, this system of occasional change of residence is the most beneficial amelioration of asylum life.

THE PRESIDENT. Suppose a patient absent on leave, should commit suicide, or set fire to a building, would the superintendent be responsible?

DR. BUCKNILL. Certainly not, if he did not commit any negligence or gross error of judgment. In dealing with lunatics, some risks must be run and borne. Take as an instance, the man mentioned, who brought an action for damages, because he was not sufficiently well watched to prevent him from jumping out of a window. The facts were undisputed, but the jury found for the defendant.

DR. WALLACE. Are there no cases in which violent demonstrations takes place?

DR. BUCKNILL. There are such cases, but I would not keep a man forever in an asylum, because he might sometimes be violent. If I thought a violent demonstration possible I might still give the patient a trial under increased watchfulness.

DR. LANDOR. There was a case sent to me soon after I occupied the Asylum. I do not know his original history, and I do not know what the symptoms were before he came to me, but I

know he had been seventeen years in an Asylum. When I saw him he was a healthy fleshy man, but morose and inactive. If he ever walked about the Asylum at all he would mutter to himself. He preferred sitting to any other posture, I did nothing, but thought he had better be made to work. This he would not do. He was placed with a lot of men at work and he finally got ashamed of himself and commenced labor. In about a year he became pleasant and talkative, and I could see no symptoms of insanity about him. I certainly did no other thing than to send him into the garden and keep him to work. After discharge he came to see me. So here is an instance of recovery of a case of twenty years standing, by simply sending him into the open air, and putting him to work. That is all I have to say about the man or the recovery, after great length of time spent in the Asylum. In our system of rules we have by statute, liberty to discharge on leave of absence for six months, but we are obliged to take a bond from the patient's relatives, that they will see after the patient and report every month how he is getting on. We are at liberty to cause his return at any time, but that is very seldom acted upon. Most frequently those who are granted absence are discharged as being fit to be allowed to remain at large.

The PRESIDENT. If the persons decline to give bonds can you compel them to do it?

Dr. LANDOR. The act states this most positively. If it is accepted, the leave of absence provides for the care of him. They can not provide for insane patients in the country, except by sending them to an Asylum. There is no poor law in Canada. Friends must provide or send the cases to an asylum.

Dr. KIRKBRIDE. I am very unwilling to occupy the time of the Association, but this discussion has impressed me very strongly with the danger of making general rules from an observation of a limited number of cases. When first connected with a hospital for the insane, I was disposed to give the largest liberty to all, but the longer I have been in the specialty the more cautious I have become. After having a patient who had not seemed to be suicidal, travel sixty miles and then drown himself in the sea, and others of a like character attempt it, sometimes successfully, in rivers and ponds, or on railroad tracks, or by other means, from which they would have been protected if they had remained in the Hospital, I have become much more cautious in granting leave of absence, or at least in recommending it. No slight advantage can compensate the loss of a single life, for the destruction of property,

or the hundred kinds of mischief that may be perpetrated by insane thus given their freedom. When the friends of a patient have desired to make such experiments, I have asked to be released from all responsibility, and then allowed them to do as they choose, after hearing the general result of my experience, which is that very few are benefited by going home when only partially cured, and that many are made worse by such a course.

DR. LANDOR. Dr. Kirkbride is under a false impression. No bond is taken to prevent suicide. The bond is taken that the relatives shall take such precautions as they can. They are not involved in responsibility by doing so, neither are persons sent out who are known to be anxious to commit suicide. Those cases are selected that are beginning to recover, and feel distressed with the surroundings of the Asylum.

DR. KIRKBRIDE. Could not those who have a tendency to suicide be accompanied by an attendant?

DR. LANDOR. But I would no more consent to a suicidal person going out than I should approve of loosing a tiger in a city. I send out those persons who are beginning to improve, those who are half cured and more certain to recover if sent home than if permitted to remain in the Asylum. But I do not feel myself at all responsible about the future character of the patients I send out. I am not competent to pierce their thoughts, and I do not pretend to be. I do not think my personal responsibility can be impugned because I take this course. If a patient commits any unforeseen act in the Asylum, no one blames those who are doing the best in their power and judgment.

DR. KIRKBRIDE. I would like to correct an impression that seems to have been made on some of the members. I spoke particularly of cases that had a suicidal disposition, although not obviously so, or other mischievous and dangerous propensities. I have no hesitation in saying that a rule to send out half cured patients is an extremely bad one. They very often relapse. If they do not relapse they do not improve. They go up and down the land, creating trouble in families, exciting mischief and doing more perhaps than any other class of people to produce an unsound state of public opinion in regard to institutions for the insane. Feeling they have a special mission to carry out there is no statement too monstrous or absurd to be adhered to, if likely to promote their object.

DR. BUCKNILL. I think that Dr. Landor has been misunderstood. I do not pretend to say that Dr. Landor is free from re-

sponsibility, but that he is only responsible for doing the best according to his judgment. He must judge of each individual patient how that patient should be treated. If Dr. Landor had made up his mind on a full review of the circumstances belonging to an individual, that it was giving him a better chance, to be removed from the Asylum, and to reside with his friends, I think Dr. Landor could sit down and say, he could not be held responsible for all which might happen. Suicides sometimes occur in asylums with the adoption of the most stringent rules. According to my view I should not feel responsible for doing more than exercising the best of my judgement, and having the patient treated accordingly.

Dr. WADDELL. On the principle that *change* is treatment in many cases of ordinary disease, insane patients may be benefited by being allowed to leave the Institution for the benefit of change when that can be done safely, and I doubt not that it often happens that patients suffering from the effects of insanity in some of its forms in a state of convalescence may recover more rapidly by being allowed to return to their friends, than by continuing them in the Asylum. It is my practice, however, to discharge some patients when much improved, but I mark them off our record in the condition in which they are discharged, and many recover after, but they are returned in the statistics of the Asylum, as "much improved."

Dr. LANDOR. The Doctor, (Kirkbride) states that a patient went fifty miles to commit suicide. If he had a patient in his Asylum who had never displayed suicidal tendencies, and to the best of his judgement never would likely be, do you (to Dr. Kirkbride) think you would be responsible for such a person's suicide? You formed your opinion, he has never displayed these symptoms, and he is sent out of the Asylum, surely you do not hold yourself responsible for an act, of which there were previously no indications, because if you did you might never discharge such a patient.

Dr. KIRKBRIDE. I only mention this case as illustrating the danger of patients being at the seaside.

Dr. LANDOR. You do not hold yourself responsible for such cases?

Dr. KIRKBRIDE. I do not speak of the responsibility but of the possible danger.

Dr. LANDOR. If that is the case you might never discharge a patient. Danger then arises from patients who never displayed any suicidal symptoms. You put me in this difficulty, I can not see at all why you do not detain every patient forever.

Dr. KIRKBRIDE. I do not take the point you make.

Dr. LANDOR. It is that patients committing suicide when near water, who never before had shown any symptoms of suicide ought according to your view, always to be detained in an asylum, lest they should be tempted by water and some sudden impulse to destroy themselves.

Dr. KIRKBRIDE. No Sir, what I said was in reference to going to the sea shore, that it was attended with danger, I mentioned one case that I did not suppose had any such propensity. I think patients should not be exposed to unnecessary danger while under our care.

Dr. LANDOR. How did he manifest it?

Dr. KIRKBRIDE. I am sure he never would have committed suicide by drowning if he had not been where there was water.

Dr. LANDOR. It is one of those impulsive suicides of a man who never before showed the propensity, and neither you nor any one else could be blamed or have your conscience disturbed by such an event.

Dr. GRISSOM. I merely rise to state that the experience of our Institution in furloughing or discharging *uncured* patients, has been rather a painful one, during a part of its history at least, under the administration, both of my predecessor, a very learned and excellent official, and of my own; a custom, however still pursued to a limited extent on account of legal requirements and want of room for accommodations. One which would have brought a pang to Dr. Landor's heart, is the case of a man in whom there had been reported no special homicidal tendency, but some disposition to violence at times. After a short treatment and some improvement he was taken away by his brother and guardian, and having been at home only a short time he destroyed his father, wife and two children during the same paroxysm. He was again committed and is now in the Asylum. Another instance is that of a young man taken home by his father unimproved, but supposed to be a harmless epileptic, but soon destroyed his father in a most violent manner. Some of the more recent cases in my own experience are quite as painful. One that I sent home upon my own responsibility not long since was run over by a train of cars and killed. Another that I thought not altogether cured, but might be benefited by home associations made an attack upon his wife and had to be returned from his probation. I mention these cases in confirmation of the position of Dr. Kirkbride, and to show the great risk and responsibility of the removal.

Dr. A. E. MACDONALD, New York. I should like to add my testimony to that of the gentlemen who have expressed disapproval of the system. I can not say that my experience in the matter of granting passes has been adverse, for I have had no experience, inasmuch as I have given no furlough since my connection with the Institution. But I have found enough evidence in the experience of my predecessors, and in the condition of patients who having been allowed to leave the Asylum upon pass, by my immediate predecessor, returned after I had assumed charge, to induce me to conclude that the system was not a good one. In one instance a man murdered his wife, and upon being taken to the police station and examined, a pass from one of my predecessors was found in his pocket. Each one of the patients who returned from pass after my appointment to the Asylum, did so in worse condition than that in which he left. Insanity is the result of certain conditions, and certain surroundings, and I fail to see how recovery from it is to be expected by a return to those conditions and surroundings. If Dr. Stiles will excuse me for saying so, it looks to me a little too much like homœopathy, exhibiting as remedies, the very agencies which have produced the disease. I had been prepared to believe that the objections which I found to paroling patients, applied only to those of the poorer classes, and that in private asylums, and with patients of means, the system might be a desirable one. But the testimony of Dr. Kirkbride convinces me that the objections hold good in all classes.

Dr. GRISSOM. While the subject under discussion is by no means exhausted, it seems to me that it is dependent upon isolated cases, and that its further discussion can not benefit the Association, I therefore move to lay the subject on the table.

Dr. SMITH, Missouri. It seems to me this subject is of sufficient importance, not only to demand our candid consideration, but such an expression of opinion as would clearly indicate the position of this Association. I have no doubt there are exceptional cases that would be benefited by the parole system. For example among those who have long been inmates of our hospitals without improvement, and who have been uniformly quiet and inoffensive, and manifested neither homicidal nor suicidal propensity, there might be some who would be improved by removing them from the monotony of asylum life, and giving them the advantages of new scenery and associations. It would, however, be a very grave duty to assume the responsibility of selecting cases for the experiment, for the simple reason, it would be impossible to determine

what delusions, hallucinations, or illusions might take possession of patients after returning to their homes, and being in the midst of family and friends. Perhaps we have all been occasionally startled by the sudden manifestation of a homicidal or suicidal propensity, among those who had previously shown no such tendency. It is also well established, that those nearest and dearest to the insane, by the ties of nature and affection, are usually the victims of homicidal impulse, and those who have committed deeds of such enormity in their families, after admission into our asylums, are often among our most quiet and pleasant patients. We have now such in our Institution. It is likewise true that latent suicidal tendency often exists, waiting only for an opportunity to accomplish the secret purpose. In view of all these considerations, if we should adopt the practice of paroling unrecovered patients, and fearful and appalling results follow, would not the responsibility, in a great degree, justly attach to us? If we should take a different view of the subject, I am sure the communities, in whose midst such patients would be returned, and such results witnessed, would have but one opinion, and hold us to a strict accountability. In a few instances I have yielded to the importunities of friends, and allowed patients to return home for a short time on probation, but in all such cases, first impressed upon the friends or guardians, the uncertainty and danger of the course, and if they still persisted in desiring their temporary removal, required them to assume the whole responsibility. Some were benefited by the change, but a larger number returned in a much worse condition than at the time of leaving. I think my friend, Dr. Landor, in his criticism, certainly mistook the import of Dr. Kirkbride's remarks in supposing that according to his position, it would never be safe to discharge any patient because impossible to tell what the future would develop. I understand Dr. Kirkbride's remarks as applying wholly to the danger of discharging unrecovered patients for the reason, it was impossible to predict their delusions and impulses, after leaving the Institution. He said nothing about recovered patients, because this subject was not before the Association, but simply the question as to the propriety and safety of paroling unrecovered patients. Of course, Dr. Kirkbride, as any other superintendent, would not hesitate to discharge a patient recovered after sufficient length of time has elapsed to establish recovery. In conclusion allow me to say I believe this Association, by an overwhelming majority, would unhesitatingly affirm that the practice of paroling unrecovered patients would be exceedingly

unsafe and dangerous, inconsistent with the progress of psychological medicine, and likely to bring reproach upon our Institutions.

The Secretary announced that Dr. Jarvis had forwarded a number of English reports for the use of the members. Also that the mansion of the late Hon. W. H. Seward would be open for the examination of members after 2 P. M., this day. Also that the Association would visit the State Lunatic Asylum for Insane Criminals under the charge of Dr. Wilkie, at 3 P. M., and after that the State Prison, and at 8 P. M., accept the hospitality of Mr. and Mrs. D. M. Osborne.

On motion the Association adjourned.

The Association spent the afternoon in visiting and examining the excellent arrangements of the State Lunatic Asylum for Insane Criminals under the charge of Dr. Wilkie, and afterwards passed through the prison, and spent the evening sociably at the residence of Mr. D. M. Osborne.

MAY 21, 1875.

The Association was called to order at 9.30 A. M., by the President.

The minutes of the meetings of yesterday were read and approved.

Dr. BALDWIN. I ask leave to make a correction, Mr. President and Gentlemen of the Association. In looking at this morning's paper, I find that I could not have expressed myself either correctly or intelligently, yesterday, upon the subject of furloughing patients. Standing as I did, and do now, in the presence of the highest authority, either this country or England can produce, and unaccustomed to express myself at all in public, I was embarrassed. I will now ask your indulgence, as I am impelled only by the earnest and sincere desire, if moving in the wrong direction, to be set right. In examining my note book, I find the largest number of patients out at one time, was in the month of November, when there were two females and nine males. The result of

the experiment was not always successful, and was not expected to be, as many of the chronic cases were out only temporarily, to gratify themselves or their friends. Of the recent cases that have been sent out on trial prior, say thirty or sixty days, to discharge, not one has returned. Of the chronic cases three were discharged after trials, ranging from sixty to one hundred and twenty days, who would have remained inmates of the Institution permanently, if this experiment had not been made. Two classes of cases are furloughed, first the chronic and stationary, who have no symptoms of a violent and dangerous tendency, and who are not under medical treatment. Secondly, the recent cases that I think ought to be discharged, but I prefer, before doing so, placing them on trial, and keeping them during this probation, under the restraining influences of the Asylum. The Asylum I represent is in a rural district, and the patients, when taken away, under the protection of their friends, go to their homes in the country, and are not exposed to the temptations of those adjacent to large cities. If I was situated as Dr. Macdonald, I would grant no furloughs, and I expect very few discharges, but I can not see much practical force between a case that perpetrates a crime with a furlough in his pocket and one that holds his certificate as discharged, cured. If there is any practical method by which, when I discharge a patient, I can have the assurance that he will not have a return of his malady, and be upon my hands again, or commit some great crime before he is returned, I should like to reach it.

The PRESIDENT. The subject brought to the attention of the Association by Dr. Barstow, was under consideration at the close of the last session. Before the further consideration of that question is proceeded with, the chair will take occasion to remind members that this annual meeting is drawing towards a close, and that care should be taken not to protract discussions too much, lest there should not be time to adequately consider all the questions that may come before this body. The subject of Dr. Barstow's statement is now open for further consideration.

On motion of Dr. Compton, the subject was laid upon the table.

The PRESIDENT. The next subject is the paper, and resolutions offered by Dr. Ray.

The Secretary then read a preamble and resolutions prepared by Dr. Isaac Ray.

The Association of Medical Superintendents of American Institutions for the Insane, having been formed for the purpose of promoting the welfare of the insane, regard it as one of their duties to enquire into and pass judgement upon any scheme, project, or change, offered professedly with this end in view. They would be faithless to the trust they have assumed, were they to remain in silence while changes in the management of our hospitals are forced upon us, calculated to impair their usefulness and inflict a positive harm upon their inmates. The duty to speak at the present time is all the greater, in view of the fact that the objects sought for by these new measures are sufficiently secured in the existing arrangements, and the pretended demand for them proceeds from no actual, tangible grievances, but solely from that prevalent spirit of discontent which is ever ready to discover a fancied wrong, and clamor for a change in whatever has stood the test of a little time. Were this dissatisfaction confined to the ordinary methods of discussing evils, real or fancied, it would furnish no ground of complaint, and we would cheerfully meet it in the same way. But without reference to us, without inquiry of any kind in fact, it has been thrust upon us in the shape of legislation unexceptionally mischievous in its effect on the true purposes of hospitals for the insane, and thus it is that institutions which should be managed on well-matured, intelligent principles, their course guided by one animating spirit taking in all the circumstances of the situation, are disturbed by an intrusive element, having with them no kind of affiliation, and calculated in the nature of things to destroy that harmony of action which is indispensable to the highest measure of success. Believing that whatever of progress has been accomplished by our hospitals may be fairly attributed, in a great measure, to the free and independent action allowed to their officers, whereby they have been enabled, without apprehension of popular fear or favor, to manage their charge in the way commended to them, either by the general voice of the profession or their own deliberate convictions, we should for that reason alone, deplore any legislation calculated to substitute for such liberty the suggestions of an outside party entirely ignorant, it may be, of the working of a hospital, as well as of the movement of the insane mind. If the time shall ever come when the Legislature, in its zeal for the public good, shall establish a board of officers to supervise the medical practice of the State, with power to enter every sick man's chamber, to inquire respecting the medicine and diet prescribed, and any other matter connected with

his welfare, and report the results of their examination to the constituted authorities, then it may be proper to consider the propriety of extending the same kind of paternal visitation to the hospitals for the insane. Without arrogating to ourselves any extraordinary wisdom, we believe that the accomplished work of this Association, as well as the character and reputation of its present members, fairly entitles it to a respectful hearing in any matter of legislation, affecting the interests of the insane, in the establishments devoted to their custody and treatment.

We therefore offer the following resolutions in the hope that they will receive from the public all the attention to which the importance of the subject, and the authority of the source from which they come entitle them.

Resolved, That the government of our hospitals, as at present constituted, whereby a physician supposed to be eminently qualified by his professional training and his traits of character, both moral and intellectual, is invested with the immediate control of the whole establishment, while a Board of Directors, Trustees or Managers, as they are differently called in different places,—men of acknowledged integrity and intelligence—has the general supervision of its affairs, has been found by ample experience to furnish the best security against abuses, and the strongest incentives to constant effort and improvement.

Resolved, That any supernumerary functionaries, endowed with the privilege of scrutinizing the management of the hospital, even setting in judgment on the conduct of attendants, and the complaints of patients, and controlling the management, directly by the exercise of superior power, or indirectly by stringent advice, can scarcely accomplish an amount of good sufficient to compensate for the harm that is sure to follow.

Resolved, That the duty of restoring the insane, and of procuring the highest possible degree of comfort for those beyond the reach of cure, implies a knowledge of their malady, and of their ways and manners, that can be obtained only by study and observation.

Resolved, That the work of conducting any particular individual through the mazes of disease into the light of unclouded reason, embracing, as it does, the drugs he is to take, the privileges he is to enjoy, the letters he is to write or to receive, and the company he may see, implies not only certain professional attainments, but a close and continuous observation of his conduct and conversation, neither of which qualifications can be expected from the class

of functionaries above mentioned, though appointed for the express purpose of making suggestions and proffering advice.

Resolved, That one of the first things in the treatment of a patient, is to secure his confidence, to make him feel that he is in the hands of friends who will protect and care for him; and yet this purpose is completely frustrated when it is incessantly proclaimed to him from the walls of his apartment, that the people to whom he has been entrusted, are not trusted by others, and that any aid or comfort he may require must be sought from a power paramount to theirs.

Resolved, That valuable information may be obtained from the letters of patients respecting their mental movements, as many will communicate their thoughts in this manner more unreservedly than in their conversation, which advantage is lost when their letters are forwarded unopened.

Resolved, That inasmuch as the letters of the insane, especially of women, often contain matter, the very thought of which, after recovery, will overwhelm them with mortification and dismay, any law which compels the sending of such letters is, clearly, an outrage on common decency and common humanity.

Resolved, That the fact so much asserted at the present day, and offered as the main reason for the legislation in question, viz.: that sane persons are often falsely imprisoned, on the pretence of insanity, is not true, and that we believe that if ever, it is extremely rare that a single case of wrongful imprisonment in any hospital in this country has taken place.

Resolved, That should such cases occur, it would require more knowledge and experience to detect and expose their true character than any but the officers of the hospital would be likely to possess.

Resolved, That the Project of Law for regulating the relations of the insane, adopted by the unanimous vote of the Association, in 1868, prescribes such safeguards against abuses of every kind, as are best fitted to secure that object with the least possible amount of inconvenience to parties not immediately concerned.

Resolved, That the practice now rather common even among those who write or lecture on the subject for the instruction of the public, of designating as "Private Asylums" the corporate Hospitals of the country, such as the McLean Asylum at Somerville, the Butler Hospital at Providence, the Retreat for the Insane at Hartford, the Bloomingdale Asylum in New York and the Pennsylvania Hospital in Philadelphia, is calculated to mislead the

public mind respecting the true character of such establishments. Founded as they are on the gifts and bequests of benevolent persons, conducted by officers paid by a fixed salary, and Directors or Managers with no compensation at all, and watched by a system of visitation, unequalled in frequency and thoroughness by that of any public hospital, they are in no sense of the term Private Asylums.

Dr. KIRKBRIDE, in the Chair. It was moved and seconded that the paper be adopted.

Dr. RANNEY, Iowa. I rise to express my hearty concurrence in the preamble and resolutions which have just been read. I do not expect that in anything I may say, I shall add anything to them, and I certainly would not have anything taken from them. They seem to me to cover in the usual masterly style of their distinguished author, a broad ground of vital interest to hospitals and asylums, their officers, and the patients under their care, and to be worthy of our most serious consideration. It seems to me an unquestionable fact, that during the last few years, American institutions for the insane have been, and perhaps still are, on trial before an alarmed and prejudiced public; and there is great danger that the result may jeopardize the welfare of the class. These institutions have been erected at great cost, to restore to soundness of mind, or properly care for, as the case may be. The causes of the alarm and prejudice, on the part of a considerable portion of the public, which it has fallen to my lot to witness and feel more of perhaps, than to any other member of this body, and which have in a few instances already got expression and embodiment in legislative acts, are chiefly two; gross misrepresentation on the one hand, and ignorance on the other. Through the misrepresentations of sundry evil-minded or misguided persons, some of whom are at least of questionable mental integrity, some of whom have been unwillingly, but not improperly inmates of hospitals at different times for some period. The unenlightened public are supplied with soul stirring accounts of false imprisonment through the basest motives on the part of designing and wicked relations, of abuse and cruelty practiced upon patients by their attendants, to which the Superintendent is made *particeps criminis*, all set forth with a plausibility and pathos, in the newspapers, in appeals or memorials to legislative bodies and in the pages of fiction, well calculated to deceive and arouse the unreasoning and ignorant, and not devoid of effect upon some persons of whom we might expect better things. Now with regard to these extraordinary

representations and charges which have been so wide-spread and have so exercised the public mind and have done much harm and are likely to do still more harm, unless counteracted or refuted, no explanation, extended statement or argument is needed here or by me. We have heard them too often repeated not to know them by heart. Every member of the Association, perhaps, has refuted and shown their groundlessness or gross exaggeration. I will therefore content myself with a brief reference to one or two points. After many years spent in four different Institutions for the insane in four different States, during which time I have assisted in caring for, or have had under my care about three thousand patients, I do not recall a single instance known to me of the existence of improper motives on the part of those who sent patients to those Institutions, nor a single attempt on the part of friends to procure the admission and detention of a sane person, other than a confirmed inebriate. A few of whom I have had under care for want of a more suitable place for their detention, of this, however, I do not know as anybody is disposed to complain, improper as it may be to receive them into our hospitals and asylums. And the only really sane persons I have known being in a hospital under my care, have been persons under arrest and committed by a court for observation and the determination of the question of health or disease, responsibility or irresponsibility. Nor do I believe our patients are abused, ill-treated and neglected as is so often charged. It is true not all of those we employ to take the immediate care of our patients, however carefully we make selection from among those who seek such employment, or those whom we can induce to engage in such important and exhaustive service, prove to be capable and philanthropic or even quite humane; but so far as my experience goes it has been rare that they have been deserving of the severe censure that has been so unreservedly meted out to them sometimes, and greatly inflamed the community in which one or another hospital is situated. Not the least of the evils following, or growing out of the present state of public sentiment is the probable effect in retarding the application for the admission of patients to the different hospitals and asylums till the disorder becomes fixed, or strongly tends to become chronic and incurable. I am very certain I have seen this result in a marked and painful degree. This of course diminishes the proportion of recoveries and increases the proportion of incurable insane persons in the community, and to that extent taxation, which is sufficiently burdensome everywhere, is somewhat increased. Indirectly it may prevent the appropriation

of the means for the application of curative measures, or the proper care of the thousands who are without proper care. If eighty per centum of those who become insane should and will get well or recover, if placed with reasonable promptness in a hospital, as has been stated repeatedly by high authority, how strikingly is this fact in contrast to actual results of treatment in hospitals and asylums throughout the country, where the ratio of recoveries upon admission will fall below fifty per centum. To no other cause is this sad result so much due, as to baneful or at least, injurious legislation and the public distrust of the integrity of hospitals and their officers, induced and kept alive by the misrepresentations and tirades I have alluded to, which result in patients being sent to the hospitals, only when the chances for cure have been more or less diminished, or only as a last resort. In view of these facts if correctly stated, and others that will readily suggest themselves doubtless to different members, shall we not be held culpable if we do not individually and as a body do all in our power to correct the erroneous feeling and sentiment we well know is widely entertained? The great remedy for this really unfortunate relation of hospitals and asylums to the public and legislative bodies is, in my opinion, the widest dissemination of correct information with regard to their proper work, their proper management, and the mutual relations that should obtain between them and their officers, and the public at large. This the preamble and resolutions before us are well calculated to do, and I hope they will be adopted without dissent, with a recommendation that they be appended to the next report of all the hospitals and asylums for the insane in the country.

Dr. KIRKBRIDE. I would just say that this preamble and the resolutions have my hearty concurrence because it is only a repetition of what we have declared on previous occasions. The whole matter has been presented by Dr. Ray in language that is unmistakable. I heartily approve of the paper.

Dr. GRAY, New York. I would like to make one remark, though I do not propose to discuss the question; I think it must be conceded that Dr. Ray, (as he does generally in the work he presents to the public) has quite fully exhausted the subject. In looking it over as it has been pressed upon the attention of the various Legislatures in the last few years, it seems to have been the work of uncured insane or fanatical persons who sought to influence others, as they termed it, in the welfare of the insane. As a conspicuous instance we have the report of the Board of Public Charities of Massa-

chusetts, (and I speak with all deference, particularly of Wendell Phillips, as he has always been a conspicuous advocate for right, duty, benevolence and all that sort of thing,) if his views were carried out he would destroy these institutions. And he makes his report without even a visit to an asylum, makes gratuitous assaults upon the body of managers and officers in every direction, and even assumes to dictate the medical care. He charges the imprisonment of persons who are not insane, and the feeding of them with opium, &c., and all without any personal examinations, or even interviews with the various superintendents. I am happy to say that, although that matter has been pressed upon our legislature, it has received very little comfort and no action, because it has not had the countenance of the Board of State Charities or of any persons who are at all familiar with the wants and condition of the insane. I am very glad to vote for the prohibitory resolutions and to listen to the remarks of Dr. Ray.

Dr. KIRKBRIDE. I would just say that this preamble and the resolutions have my hearty concurrence, because it is only a repetition of what we have declared on previous occasions. The whole matter has been presented by Dr. Ray in language that is unmistakable. I heartily approve of the paper.

Dr. WALLACE. I heartily approve of the sentiments of the resolutions. I am too old a member not to know that these resolutions will pass, but I intend to vote against them because I do not believe in dignifying these fanatics.

Dr. WALKER. I desire to say a single word for Massachusetts. It is perhaps not known that Mr. Phillips' report fell dead before the Legislature of Massachusetts. So far as I can learn, it failed to produce a single ripple. We do not fear Mr. Phillips, with his evolutions and withering imprecation, half as much as we fear these half-cured lunatics who go around button-holing every Senator, and whose work is such that we can not get at them. I think these resolutions of Dr. Ray are just what is needed at the present time. They are argumentative, and embrace all that can be said; they are dignified as they should be, and as this body, of all other, should desire to have them. I believe that the time is just ripe for these resolutions, and if adopted, they will be attended with more good than anything printed during the past twelve years.

Dr. GRAY. Have you lock boxes in your Institution?

Dr. WALKER. I have.

Dr. HUGHES. Mr. President, I do not rise to dissent from the resolutions, but to suggest that some of us have, in my opinion,

been in the habit of wrongly discharging, as not insane, cases of actual alcoholic insanity. I think it would be best if Superintendents would designate the patients so discharged in such a manner as not to create a misconception in the public mind, so as not to have the impression made upon the public that we are supporting a resolution not sustained by the tenor of our reports. I have always regarded as insane, persons deranged in their reason and volition by disease, and considered such a disease insanity, whether caused by poisoning of the blood from alcohol or any other toxæmic agent. Such cases of mental derangement from alcoholic poisoning as get into our asylums, as soon as the normal action of the brain returns, some of us have been accustomed to discharge without comment, and some as "not insane." Do you not see that erroneous impressions may be made from discharging these patients as "not insane." Some suspicious disturbers of public confidence in our asylums, may have, from this source, obtained some of their material for the statement that persons actually not insane are confined in our asylums. I regret that it can be said by these agitators of the public peace, in regard to us with some plausibility, though not with truth, "out of your own mouths do we condemn you." A man insane from the poison of alcohol is as really deranged in mind as from a blow, or the poison of syphilis.

Dr. REYNOLDS. I hope this paper will be adopted, and that his request that a copy be furnished for each hospital report will also be adopted.

Dr. GODDING. I rise to say that I cordially endorse the sentiment of the resolutions. I am pained to hear that any person proposes to vote against them. We, in Massachusetts, have been lying under the batteries, without speaking, being regarded as the guilty party. I think in this body, removed from those local discussions, the time has come for us to return the fire.

Dr. GRAY. Dr. Hughes suggests to me that I am the man alluded to as discharging persons "not insane." We have been in the habit of occasionally receiving, especially in the earlier history of the Institution, drunkards for their reformation. Sometimes a person is sent by a justice of the peace, as an insane person, having been seen in a confused or violent state after a drunken row. I do not receive such as *insane* or discharge them *as insane*, but I think this point is hardly germane to this resolution, and do not wish to involve the real question by further discussion. I think Dr. Earle, of Northampton, in his last report, made a very nice distinction. The temper of it is admirable. He said they were sober when they went out.

Dr. WADDELL. Locked letter boxes in the wards for the use of the insane under the control of the postal department have not been introduced with us, and I trust they never may be as I regard them injurious, alike to the patients, and to their correspondents.

Dr. COMPTON. This legislative interference with the internal management of hospitals for the insane has not reached our latitude yet. I hope it will never get there. It certainly must be very annoying to a conscientious medical officer. Still I do not feel like anticipating such a disaster by fortifying against it. As a representative of the Mississippi State Lunatic Asylum, I would vote against the resolutions, and when they were first read I determined to vote against them. We at the South do not need them, and the resolutions strike me as giving too much importance, too great a notoriety if you please, to these parties who are engaged in such a revolutionary reform. I do not think that we should fear Mrs. Packard. If she is insane, as is alleged, she is to be pitied and not scourged. If she is an impostor she can be exposed. She seems to have made some impression upon one or more members of Congress, but, as has been related, as soon as the members became enlightened, her work was destroyed and her influence ceased. My idea is, that in the battle on this subject we could use our guns more effectively after the enemy came within range. "Sufficient unto the day is the evil thereof." Perhaps if I were in Massachusetts I would appreciate the force and the necessity for the resolutions. As it is I do not. As far as post-office boxes in the Asylum are concerned, I see nothing very dreadful in them so long as they are under the supervision of the Board of Trustees. I am perfectly willing that my Board of Trustees should read every letter that may be written in the Asylum, and if the public demand a more thorough insight into the affairs of the Asylum, I shall not demur, so long as the investigation be entrusted to the Board of Trustees. I repeat that I doubt the policy of adopting the resolutions, but inasmuch as an expression is desired from the whole Association as to the subject matter contained in them, and as some of my friends here deemed them necessary, I shall vote for them.

The resolutions were adopted with two dissenting votes, Drs. Wallace and Gundry.

The PRESIDENT, resuming the chair. I am glad that these resolutions have been prepared by Dr. Ray, and adopted by the Associa-

tion. The silence and sensitiveness of superintendents under censure, have, I think, had the effect to give rise to some suspicion in the public mind of a consciousness of failure or weakness that would have sometimes been dispelled or prevented by a bold and indignant denial of what is untrue and unjust.

Dr. Gray then read a paper on Responsibility of the Insane in criminal cases, (published in the *AMERICAN JOURNAL OF INSANITY*, in the July and October numbers.

Dr. KIRKBRIDE. I move that Dr. John Ordronaux, Commissioner of Lunacy for the State of New York, and a distinguished member of the medical profession be invited to take a seat with the Association and participate in its discussions. Dr. Ordronaux's position is one of great responsibility, and the whole character of the State's action in regard to the insane, depends in no small degree upon the course pursued by this officer. For these reasons I make this motion, which I trust will be unanimously adopted.

The motion was seconded and unanimously agreed to, and Dr. Ordronaux was formally introduced to the Association.

Dr. GUNDRY. I am sure I express the unanimous feeling of this Association, when I give my own feelings of pleasure in listening to the paper of Dr. Gray. We are to look for the starting point in all cases under investigation, knowing that we can not recognize an insane person, without in our own mind being sure that some disease of the brain shall have been the starting point. But the difficulty is here, we are called upon to investigate the case, when the criminal act has occurred, with the friends and relatives anxious to reveal all the characteristics of the man, while the mass are against giving the facts, and hence we have to suppose a great deal. I do not suppose the tendency of the belief in automatic acts, necessarily involves physical acts. We are all of us automatic to a great extent; we are all creatures of circumstance; we learn very soon that we are such creatures; we have power over these circumstances, although modifying them by our will. Let us suppose for one moment, that disease has made its appearance, suggesting notions which the man had formerly before he got out of his mind. Circumstances present themselves, but in very different phases. The disease may exist long before any outward act. If

you arrest his attention, and ask whether this be right or wrong, and the act is not automatic, then he becomes responsible so far as the crime is concerned. Now, therefore, I say that when a given case comes to be investigated, the insanity being granted in that case, then insanity having been once proved in the case, it follows that he ceases to be responsible for his acts. The act establishes the fact that, probably some temptation at that moment overcame him, which would not be overpowering to you or me, but was to him in whom disease has been introduced. I think where disease comes in to permeate our minds, that it is more proper for us, as scientific men, to recognize that that was the original cause, so to speak, of that man's crime, and that therefore he is not a responsible agent. An atrocious and horrible murder is committed, so revolting to human nature, that we stand aghast. The first thought is that the man must be crazy, that is the intuitive thought. I hesitate before I say that the common, universal first thoughts of people, are founded upon error. I think that is illustrated to the reverse in a great number of cases, I think some of the great criminal cases will show that to be correct. I therefore arrive at the conclusion, that when we are called upon to investigate a case of homicide, our first duty is to investigate that man's life, and ascertain whether there is presumption of disease, to learn of his ancestry, his habits of life, his training, and the opportunity of developing his nature. We can not say that those who choose the lives of thieves, are those who came from good, honest parents. Now the next thing is to ascertain whether any actual departure from the regular course in life took place, and if so, where the disease began. Often we have to infer arguing backwards instead of forwards. In our asylums we have people who do the commonest things, perfectly capable of understanding, but not being able to govern themselves at the time.

DR. BUCKNILL. Mr. President: I am sure the Association is very grateful to Dr. Gray, for his most valuable paper. I have myself to thank him most sincerely, for the instruction it gives me in my own work, and I shall look with great interest for that portion of the paper which he has not read, and I trust he will not allow any avoidable delay to prevent it coming into our hands, in a printed form as soon as possible. The influence of Dr. Gray's opinion we must have felt this morning, and the value of his statistics, we can anticipate, from our knowledge of his vast experience. They will be in the highest degree important, in illustrating the nature of insanity which tends to the production of crime. I take it, that

the only sure method by which we can establish the authority of our evidence in courts of justice, is to base that evidence as much as possible on observation. Lawyers, literary men, and cultivated men generally, can form and defend theoretical opinions as to the nature of insanity, upon which they may disagree, and argue forever; but when Dr. Gray brings forward a great array of well observed cases, and proves that so many people have committed such and such crimes, labeled with certain distinctive marks, and instigated by such and such conditions and motives, and then proceeds to show that the new case under consideration, is fundamentally like a class of cases in his record, he is quite likely to succeed in any court, in establishing the fullest consideration for his evidence. With regard to the question of *accountability*, or to use the term which Dr. Gray employs, *responsibility*, is it not really the question of *punishability*? The question is who is the proper person to punish, and who is the proper person to excuse from punishment for crime? And does not the right answer to this question depend mainly upon the balance of good or evil, which would result from such punishment? I take it that there is a wide difference between any condition of the mind, which we can call insanity, and that of the mind of a man who has been born and brought up in brutality, without regard to social law, and who is perhaps unable to resist the temptation of securing five shillings, even if he have to kill his father for it. The action of that man may be as little under control as that of a lunatic, but to undertake upon hypothetical ground, to argue that such a man is any way insane, that I think we should never do. The main purpose of punishment, is to prevent criminals from repeating their offense, and by means of threat, to prevent other persons from following their example. But by the punishment of death, it is possible so to offend the public sentiment, that more harm than good is done; and if persons of more than doubtful sanity are executed, the feeling of the community may be so shocked, that the law would be brought into disrepute. There are bloody laws in my country which have ceased to exist, except nominally, because the public sentiment has outgrown them; for instance, that law which asserts that homicide in the pursuit of a felonious act, however trivial, is murder, can not be acted upon, although our judges assert and maintain, that it is still the law of the land. They say, that if a man were to shoot at a fowl with the intention to steal it, and were by accident to kill a man, he would undoubtedly be guilty of murder; but no jury would bring in a verdict of murder

in such a case. In like manner it is difficult to convict murderers of unsound mind, who are not irresponsible according to the letter of the law, and the execution of such persons if convicted would revolt the public sentiment, and damage the administration of justice. That a man is irresponsible for crime, who suffers from any degree or amount of mental disease, is a very questionable position to take. Dr. Landor tells me that when he was in Australia, he made diligent inquiry, as to the fact and the reason for it, that the savages there had no insane among them; and he found that it was so, and the reason for it, was, that when any savage became insane, he was speared by the others. Now I can conceive that a number of murders committed by quasi insane criminals, and the arguments about them by doctors and lawyers, might in the end, lead the public to the belief, that every one who commits a murder, is insane; in which case the exponents of public opinion, in the form of law would have to choose between the irresponsibility of all murderers, letting them all off, or whether we should spear them all in our fashion. In my opinion, this question of irresponsibility for crime, resolves itself into this practical one; whom will it be good for the community to punish, and whom will it be good not to punish? It can be of no public advantage to punish undoubted lunatics, for their punishment can prove no deterrent example to other lunatics of the same kind. If any one should be punished for the crime of an undoubted lunatic, it ought to be the man who is responsible for his proper care, and who has neglected to make provision for it. But with regard to those criminals, whose mental condition deviates but a little from that of sanity. I say if any understanding of the nature of criminal acts, and the liability to punishment for committing them, can find easy access to their minds, then they ought to be punished. The question of capital punishment, is one with which we, as physicians and specialists, have nothing to do, and I think this is a very important point to insist upon at the present time, for I see the opposite opinion stated in the last English publication on this subject. Dr. Maudsley, in his recent work, on Responsibility in Mental Disease, says: "Abolish capital punishment, and the dispute between lawyers and doctors, ceases to be of practical importance." Now a physician maintaining this position, might be compelled in the witness box, to admit the following proposition: if you intend to punish the prisoner, if found guilty, in a certain manner, it is my opinion that he is irresponsible; but if you intend to punish him in a certain other manner, then in my opinion he is

responsible. I maintain that the utmost we have to do as experts, is to make as clear as we can to judge and jury, according to our light, the exact condition of the criminal's mind, and to reserve our interference with the law, to our action as individuals of the law-making public.

Dr. HUGHES. Mr. President: Dr. Gray in his valuable paper, for which in unison with the other gentlemen who have spoken upon the question, I feel indebted, has been obliged, as most men have, in treating upon this subject, to grapple with the difficult question of the proper definition of insanity. This question of course, to those who have been accustomed to appear before the courts, and one called upon to define the subject of insanity, has always been one of the greatest difficulty. A late authority, a fellow countryman of Dr. Bucknill, gives us but a very negative definition upon the subject. His definition is similar to the definition given by a gentleman of Mississippi, who characterized it as the opposite of sanity. I have no doubt that the older members of the specialty have experienced this embarrassment in attempting to frame a satisfactory definition. Cases present themselves with such various aspects, each case of insanity is usually a distinct problem to be solved by the expert.

Notwithstanding we have been accustomed to look upon insanity as a disease affecting the brain, producing a change in the thoughts, feelings and action of the individual, we can not always confine the disease within the limits of this definition, so as to satisfy judge and jury. The change can not always be established, though the derangement is apparant. It has seemed to me that the degree of impairment of volition, was really a distinguishing characteristic, as much as the intellectual impairment in all cases of insanity. We have the departure from the natural habits of action, as well as thought; sometimes intellectual abeyance as well as intellectual disorder. The reasoning power seems logical enough, but volition is impaired by disease. I would like to know whether it has not occurred to others, that the degree of volitional impairment is a marked characteristic of the insane,—that in proportion to the disease of the brain; that in proportion as the power of restraint passes from the individual; in proportion as the automatic life takes the place of the volitional life, in that proportion is the person insane. There are some acts so precipitous, some so much at variance with what the masses of mankind would do under the same circumstances, the conclusion is reached that the man must be insane.

Dr. WADDELL. If there is always disease of brain in every case of insanity what is its structural change or condition when disease of the digestive organs is clearly diagnosed and successfully treated and when with the cure of the disease of these organs, the insanity is also cured. I thank Dr. Gray for his able paper.

Dr. GRAY. I did not intend to make any remarks on my own paper, but in view of some of the criticisms made, and some inquiries and suggestions, it seems proper that I should make some reply. In answer to Dr. Bucknill, I will state that the cases have been written up, in the main, long ago, as they have extended over a period of twenty-five years. The more recent ones will be prepared as soon as possible. The cases will be presented with the statistics, and the views expressed must stand or fall upon the clinical facts set forth.

In answer to the question of Dr. Waddell, as to the influence of the secretion of the liver, or any disease of that organ, upon the form or course of the insanity, in criminal cases, I have observed no special connection. I know the old theory of the influence of bile in engendering melancholy and moodiness. I am also aware of the great importance of keeping in mind the physiological action of the liver in connection with digestion. We may cite any number of cases of unquestioned disturbance or actual disuse of the liver without insanity. I have seen, in post mortems of insane, disease of the liver and other organs, to which the insanity was remotely due; or, one might say, in which the morbid condition commenced which finally resulted in insanity. The direct question whether the disordered secretion of the liver might, acting directly through the blood, the circulating nutritive fluid, cause insanity I should be inclined to answer in the negative. However, whatever disuse may exist in other parts of the organism, insanity only ensues when the brain is actually involved, whether through defective nutrition or poisoned blood by the defective or morbid action or the organic disease of the stomach, liver, kidneys, lungs, &c. I can recall a case recently of alveolar cancer of the liver, in which the entire structure was transformed into a cancerous mass, and in which there was not only no insanity, but no brain symptoms. We have this liver in our collection.

In regard to the criticism of Dr. Gundry, I would certainly dissent from some of his positions. In discussing criminal cases, it is much wiser to take actual cases with known conditions, symptoms and motives, than to assume what the motives were or might be in any supposable case, in which no crime has

been committed, and therefore the path of inquiry I have pursued has been, rather with actual cases than hypothetical ones. As to the appeal Dr. Gundry would make to the popular verdict, whether or not we should consider any certain act of itself an evidence of insanity, I differ with him. And here on this spot, that question can well be asked and answered. It was in Auburn that the negro Freeman committed a terrible and now historic murder of a whole inoffensive family. If the popular sentiment had then been consulted, as a guide to science and justice, the negro Freeman would have been led to the first tree and hanged, and among those who would have aided and abetted his murder, would have been found men who would, after the cooling of passion, have deeply regretted such an act. That men felt so vindictive and were only restrained is no less a credit to humanity than a vindication of law. Here it was that science came in to vindicate law and defend herself, not by the passion of the multitude, but by careful and patient analysis of facts. He was ably defended by Mr. Seward, under a firm conviction that the miserable wretch was irresponsible. The highest medical authority, Dr. Brigham, pronounced him insane, and the multitude, the popular voice, declared him sane. His death in prison, and the post mortem showed that disease was at the bottom of the great crime. Suppose, without naming the particular case, I should say I knew an instance where an educated, cultivated gentleman, of high social position, soon after an acquaintance entered his room, had an altercation with him and killed him, and then proceeded to cut up and burn the body, and spent hours in this diabolical work. Would you consider that an insane act? Could you conceive of anything more atrocious? Now a community might consider such a man a lunatic, and probably would from the mere act. Yet, Professor Webster, of Harvard, did that very thing. I heard the late distinguished Dr. Luther V. Bell, who knew Prof. Webster well, speak of the case in these words, "it was simply an act of crime," yet, it was as atrocious an act as you could conceive of, or as you will find recorded in the annals of crime. The murder of Nathan, in New York, was a bloody tragedy, a fearful crime. The character of the act is not a safe rule, and the popular verdict is not to be relied upon.

Dr. Gundry quotes the scripture appealing to so-called ungovernable emotions, and would resolve them by Despine's Automatism. Dr. Gundry speaks of "feeling" a thing to be right or wrong as evidence, and quotes St. Paul as giving "a law in the

members warring against the law of the mind," also, "the good that I would that I do not, but the evil that I would not that do I; it is no more I that do it." And he would pervert this state of warring of the thoughts as between right and wrong, common to men, into insanity. Let us rather complete the sentence of St. Paul, "It is no more I that do it, but sin that dwelleth in me." Now, if it is sin, then the man must answer to God and the law. We are not automata, but responsible beings. The drift of such philosophy will not soon find a place in the jurisprudence of this country. The acceptance of such views would simply be the sentimental abandonment of responsibility and the adoption of the position of Dispine, that sin is after all only a lunacy, and man a helpless automaton.

Dr. Ordronaux, referring, in his remarks, to the position that insanity and irresponsibility rested in fact on disease, says, "are we asked to draw a line between the insane mind and the sane body." I answer as he evidently intended to answer, no. He also asks, "who can tell whether the brain cells that are concerned in an act are of one who is wise or foolish. Can you distinguish between the brain cells of a Shakespeare and a Cervantes and the wild Bushman." Brains do differ; but we are asked simply to designate disease of brain, and show that crime is the offspring. I do not know that we could note a difference in the single brain cell of a Shakespeare or a fool; but if a Shakespeare, after having ascended to so high an estate had began to babble nonsense, and we should have been asked for an opinion on this change in him, we should be able to give an answer and determine whether or not his brain was diseased. If we pursue science, following the way it leads, we shall find changes in the physical structure, which will represent the ground for the disturbed manifestations of the immortal spirit that is within man. Dr. Ordronaux asks "are we to be philosophers charged with the delicate duties of holding the scales and meeting out to men mercy or punishment, as the microscope may reveal the changes to us?" I say, to be a philosopher, is the duty of each one of us, and it is for us to endeavor to comprehend the motives and actions of our fellow men, and endeavor to comprehend the laws of disease, under which motives and actions are modified. This is, I take it, the solemn work of science with which we are charged. We are to mark the change shown by any change of physical appearance and condition, whether in manner, words or acts of individuals. The change in the man, the departure from himself, under physical disorder of the brain, measures the lunacy. Therefore it is that we

look not at a single act or many acts, but carefully follow the history of the physical and mental changes that finally lead us to the act or acts in question. To talk of murder in any form, or impulse to evil, as lunacy, is to libel science and human nature herself.

Touching the criticism of Dr. Hughes that we are without a starting point, because there is no satisfactory definition of insanity, I make only this remark. As has been eloquently shown by Dr. Ordronaux, even the ablest men, and Dr. Ray among them have represented all efforts at definition a failure. Each case must be taken by itself, step by step, and if these steps are traced in marks of disease of brain and coincident mental changes, then you have a case of insanity. When we have done this, we have discharged our duties as physicians, in criminal cases, and we can safely leave the matter without danger to justice to the opinion of courts and verdict of juries.

Dr. GUNDRY. I rise to correct an impression which Dr. Gray has made. The Doctor seems to have erected a man of straw to pound away at. If you can not judge of an act on the part of one man, there are cases in which you can, of course I do not mean to say you are to appeal to them in every case, I simply meant to say that it is a philosophic principle which we may bring to bear to analyze the character of the act itself. I appeal to any one of you if, on finding a mother had taken her child and roasted it upon the stove and then covered it up, would it not cause you to conclude that the person was insane without any other reference to the history of the case?

Dr. GRAY. No, she might do such an act in a state of drunkenness.

On motion the Association adjourned to 3 P. M.

The Association enjoyed the pleasure of hearing the fine organ of the church, played by Prof. Sprague, the organist, for nearly an hour before the afternoon session.

MAY 21, 1875.

The Association was called to order at 3 P. M., by the President.

The Secretary read an invitation from Drs. Parsons and A. E. Macdonald to visit the several institutions

under the care of the Commissioners of Public Charities and Correction of the city of New York.

The Secretary also read a telegram from Dr. F. E. Roy, explaining his absence from the meeting.

On motion of Dr. Kirkbride, it was resolved that Dr. H. B. Wilbur, of the State Asylum for Idiots at Syracuse be invited to take a seat in the Association, and participate in its deliberations.

Dr. Nichols. (Dr. C. A. Walker Vice-President occupying the chair,) offered the following resolutions which were, on motion, adopted.

Resolved, That in the opinion of the Association of Medical Superintendents of American Institutions for the Insane, it is the duty of each of the United States, and of each of the Provinces of the Dominion to establish and maintain a State or public institution for the custody and treatment of inebriates, on substantially the same footing in respect to organization and support, as that upon which the generality of State and Provincial institutions for the insane are organized and supported.

Resolved, That as, in the opinion of this Association, any system of management of institutions for inebriates under which the duration of the residence of their inmates and the character of the treatment to which they are subjected is voluntary on their part, must in most cases prove entirely futile, if not worse than useless. There should be in every State and Province such positive constitutional provisions and statutory enactments as will in every case of presumed inebriety secure a careful inquisition into the question of drunkenness and fitness for the restraint and treatment of an institution for inebriates, and such a manner and length of restraint as will render total abstinence from alcoholic or other hurtful stimulants during such treatment, absolutely certain and present the best prospects of cure or reform, of which each case is susceptible.

Resolved, Further, that the treatment in institutions for the insane, of dipsomaniacs or persons whose only obvious mental disorder is the excessive use of alcoholic or other stimulants and the immediate effects of such excess is exceedingly prejudicial to the welfare of those inmates for whose benefit such institutions are established, and maintained, and should be discontinued just as soon as other separate provision can be made for the inebriates.

Dr. NICHOLS. I desire to accompany the introduction of these resolutions with a few remarks explanatory of them. The question may arise in some mind, what have we, superintendents of institutions for the insane to do with this matter? We are brought into close and responsible relations to it in several ways. Drunkenness gives rise to many of the cases of insanity in its ordinary forms, that we are called upon to treat. The opinion is gaining ground—indeed it has already become pretty general—both among medical and other intelligent men, that common confirmed inebriety is a form of insanity, and acting logically, physicians are all over the country, I believe, freely giving certificates of insanity upon which inebriates are sent in considerable numbers to most of our institutions for the insane, the superintendents of many of which have had a pretty large experience touching the nature and treatment of this class of cases.

Insanity in its ordinary forms, whether the result of intemperance, or some other cause, should of course be treated in institution for the insane. Inebriety is sometimes both the cause and principal manifestation of real insanity—of real disease—and cases of this form of mental aberration, when they can be discriminated from simple drunkenness, should also be treated in institutions for the insane, as in the language of one of the resolutions adopted by the Association in 1866, and so should all cases of insanity proper, whatever may be the form or nature of the bodily disease accompanying the mental disorder. But physicians do not always make the discrimination to which I have referred, and we shall all, without doubt, agree in most distinctly and earnestly condemning the practice of treating the insane, and ordinary inebriates together. The inebriate considers it an insult to be classed and treated with crazy people, and the insane consider themselves as more insulted, if possible, by being associated with drunkards. The relations of these two classes of patients are almost always hostile, and as the inebriate is often well educated, and a person of considerable force of character, and well versed in the wily ways of a life of dissipation, he is left to drive the insane person to the wall, and monopolize the privileges of their associated life. I think a sharp lookout is necessary to prevent the inebriate from interfering with the rights and privileges of the insane, when both occupy the same wards. For these reasons it has become the urgent duty, as it seems to me, of this Association, to put forth some distinct propositions in favor of the separate treatment of inebriates, or their treatment in separate institutions.

Sanitary and philanthropic publicists, appear to me, to unite to their demand, that the Association shall declare its views upon this subject, some degree of reproach, that such a declaration has not been sooner made. Several superintendents have, in their annual reports, condemned the treatment of inebriates with the insane, and advocated separate institutions for the former, but the Association, as a body, has never either signified its agreement with the views of these individual members, or given any sign touching a matter of very great importance to the insane, whose welfare it is the object of this organization to promote.

The annual report, of at least one State Board of Health, contains an article warmly advocating inebriate asylums, as they are commonly called, but though the article I have in my mind was written by a medical gentleman of great ability and learning, it seems to me to contain some suggestions of inexperience, calculated to lead to failure and disappointment; and as most of the members of the Association have had an experience in the treatment of inebriates, which enables them to declare what it is practicable to do for them and how it can be done, it is plain, I think, that our experience and reflections should be crystallized in the form of some such propositions as those I have presented, and that the public should have the benefit of them. Several inebriate asylums have already been established and maintained for several years. I think it is doing the enterprise no injustice to say that it has not yet passed the stage of experiment. I understand that one such institution has been given up altogether, and that the checkered history of another has included one or more temporary suspensions of operations.

I do not suppose that a jury of competent and impartial medical men would decide that any institution of the kind has been such a success in curing inebriety, or relieving the distresses attendant upon it as to encourage the expenditure necessary to multiply such institutions on the present basis of management. Conceding what I have just stated to be true, the question at once arises, should all effort in this direction to relieve institutions for the insane and to relieve the sufferings of individuals, families and society from inebriety and its effects be abandoned, or shall we frankly state what we regard as the conditions upon which inebriate asylums may yet achieve a reasonable success in ameliorating the greatest evil of civilization, and as the duty of law-makers in the premises? For myself I have no extravagant expectation in respect to the extent to which the scheme proposed by the resolu-

tion will abate the evils of intemperance, but it is clear to me that every State owes it to itself as well as to individuals to make the experiment faithfully and perseveringly, and if that is done, I feel confident that the good achieved will amply justify the cost.

I think the precise purpose of the resolutions must be obvious to every one. The first resolution relates to the duty of establishing and maintaining such institutions, and to the footing upon which they should be organized. The duty conceded, we shall agree in respect to the organization necessary to usefulness. The second resolution is intended to express the essential conditions of success in the treatment of inebriates, and, by inference, some of the causes of the imperfect success of the institutions that now exist or have existed. The restraint may be gilded by comforts, amusements, books and labor, and in every other way that will not diminish the absolute certainty that the inmate does not partake of any alcoholic or other hurtful stimulant. A single drink in the course of treatment is like a defect that renders a whole electric cable workless. The time that follows the indulgence is generally lost, as well as that that preceded it. In addressing this body it is quite unnecessary to dwell upon this point. If it is said that the laws necessary to carry this resolution into effect can not be obtained, I reply that I am by no means sure of that, but whether they can or not, it is not the less our duty to state to the country the conditions upon which alone we believe that the most confirmed inebriates can be successfully treated. There will probably be no difference of opinion in relation to the doctrine expressed in the third resolution as I have before said.

If it be said that only a very small per cent. of cures of inebriates is effected. I reply, that with rare exceptions, the treatment has not hitherto been such as to determine how far the habit is curable. In institutions for the insane, though the treatment may be judicious, while it lasts, it is generally of too short a duration to give reasonable promise of having effected a permanent cure, and I apprehend that in the case of inebriate asylums, the inability of these institutions to control their inmates while under treatment, the too short periods of treatment in most instances, the opportunities for indulgence in drink and the reliance for reform upon moral influences have not presented as many conditions of cure as the institutions for the insane. It is said that prayer is largely relied on to cure the patients in one or more inebriate asylums. Far be it from me to speak lightly of such an agency, but all history shows, I apprehend, that to attain an object in this life,

all rational means should first be used, and then we may usefully pray God to add his blessing to our efforts. The futility of relying primarily and largely upon moral influences in the treatment of inebriates will be obvious when we reflect that intemperance not only has the force of any other habit, but, in addition, strikes at the very seat of reason, and will, and moral sense, and motive, and impairs and perverts them just in proportion to the extent and duration of the indulgence. The victim of this habit must, therefore, be reclaimed against his weak and perverted will and appetite, until periodical irritability, pains in the limbs, restlessness and insomnia pass off, and the brain and nervous system are restored to strength and soundness of substance and function. Then you have the essential condition of a reasonable being, and he may be usefully reasoned with. The time required for bodily restoration will differ greatly in different cases. In some mild cases the reasoning period comes after a few days or weeks of treatment, and in the most confirmed cases, not till after restraint and treatment have been continued for many months. The last remark leads me to say, that had I been asked five or more years ago what I regarded as the average maximum period of treatment necessary to cure a confirmed inebriate—that is to give him the best chance of recovery of which such a case is susceptible—I should have replied about one year, but later experience has led me to extend the time considerably, for I am satisfied that I have had cases that did not recover at the end of a year's treatment, that might reasonably have been expected to recover had the treatment been uninterruptedly continued for a sufficient length of time, or for a year and a half or two years.

In such cases, the periods of irritability, restlessness, loss of appetite and sleep had grown less and less frequent, severe and protracted, and it is reasonable to suppose that they would in time have passed off altogether under a continuance of proper treatment. While the custody and treatment of inebriates in such institutions, as are contemplated by the resolutions, must be regarded as a dictate of humanity, and inebriates themselves as suffering from inchoate disease, I think that occupation adapted to the education and tastes of the different classes of cases would be necessary to the recovery of all cases susceptible of cure. I do not think the inmates of an inebriate asylum could be expected to derive much advantage from living together in idleness. With these remarks, I submit the resolutions to the Association, and move their adoption.

DR. ORDRONAU, New York. With all due deference to the opinion of Dr. Nichols, I should be happy to make some suggestions touching these resolutions before they are finally acted upon. The result to which they tend, is what chiefly awakens my solicitude, for they virtually assert, that inebriety without even any antecedent mania is *per se*, a disease. This to me, seems paradoxical under any system of pathology, which is not purely metaphysical. Disease is something in the order of nature; a plus or minus state, but always a perversion of a pre-existent physiological fact. Now where in the order of aboriginal nature do you find inebriety? Is its source in the sunshine or the dew? In extremes of temperature, barometric pressure or states of terrestrial magnetism? Is it in the air, the earth or the waters under the earth? Does any gentleman present know of any disease, which a man can regulate at every stage, at his own caprice; which he can produce in exactly such measure as he pleases, check absolutely at any point in its career, keep at arm's length or embrace, positively prevent or develop, and accentuate at every stage, so as to be its despotic master from beginning to end? Does any gentlemen know of any disease which is wholly independent of, or uninfluenced by conditions of season, weather, temperature, age, sex or physical condition? Yet here is a condition of body known as inebriety, which is without father or mother in nature, invented solely by man, and never otherwise introduced, which this resolution is about to dignify with the title of disease? I protest against any such nuisance as that, I protest against any such insult to the laws of the Creator, under which alone can true disease be developed. It is a craven act to endeavor to shift the responsibility of man's delinquency from him, to the bosom of a beneficent nature. No man was ever an habitual drunkard who did not make himself so. There is no power, no poison, no virus, no agency in original nature, however malignant, or destructive to health or life, which can produce inebriety, without the individual concurrence or effort of its subject. Take any hereditary disease that you please, and despite the best efforts in sanitary provision, some members in every family thus contaminated, will succumb. But it is entirely different with alcoholism. A man's ancestors may have been drunkards since the flood, but unless he himself drinks, there is no power on earth that can develop inebriety in him. The fact is urged upon us, however, that when the habit is once established, the man is insane because he has lost his self-control. I don't admit this postulate as sound. Every interval of repose between

fits of drunkenness, re-establishes in a measure, the inebriate's power of self-control. He can refrain from taking the *first* glass, and every hour that he does so, serves to stamp the fact of his moral liberty as proof against the necessity of his self-subjugation. If he can refrain for a day, he can for a year, and that concludes the argument against his allegation of incompetency. The problem of his destiny lies wholly in his *will*. I am ready to admit, that drunkenness is often associated with insanity, but much oftener as a cause than as an effect. And I am quite sure that all present will agree with me in asserting, that the majority of drunkards are not insane; what the relative proportion of the former class to the latter may be, I am not prepared to say, but I believe it to be so much larger, as not to merit the weight sought to be given to alcoholism as a proof of insanity. But the main question after all to which this resolution is addressed, refers to the legal status of inebriety, and it seems to be expected that the State should do something for its subjects, either by way of cure or detention. Exactly how this can be done without encroaching upon personal liberty, in matters belonging to conscience, I do not well see. The State can not prevent anyone from eating or drinking whatever he chooses. It can only punish him if the consequences of such acts extend beyond himself and affect the rights of others. The State can do no more than does the Creator, who, in constituting man a free moral being, allows him to choose between doing and not doing evil. Hence the State can not punish even the intentions, dissevered from some overt act, expressive of its character. If you can forbid a man to drink spirits at any time, you can forbid him to do anything else, which the will of the law-makers chooses to condemn. In the privacy of his own house and domain, a man may do anything which does not directly affect the rights of others. No Christian State, therefore, ever undertakes to interfere with acts which are purely self-regarding. It leaves such to conscience or the discipline of Church membership, and social authority. Although, therefore, you can not punish secret vice, you can doubtless attack and restrain it when committed in public, but you can not prevent its repetition absolutely. A drunken man may be imprisoned for a certain period, and when that time has expired, you can not refuse to release him, on the ground that he is likely to become so again. The action of the State is a penalty upon his violation of other people's rights, and not of his own. It can not, therefore, deprive him of his privilege to be vicious, if he is cunning enough to be so privately. Hence you can restrain a drunk-

ard, only when his drunkenness has become an agent for the perpetration of injury or crime against others, if asked what the State can legally do beyond this, I must reply, nothing. Dr. Nichols thinks that drunkards should be kept in durance, and says, "hold them." And we do hold them in places of detention for ten, twenty, thirty days, or even longer. But farther than that you can not go, for the State is not the custodian of private morals. And even if you call a habitual drunkard insane, you are no better off, for as soon as an insane man has recovered, he is entitled to be discharged from all restraint. Now any drunkard, who has been kept thirty or sixty days without liquor, is as free from his alleged disease, as if he had been kept a year, and is as much entitled to be discharged from custody as any insane man similarly free from all symptoms of his former malady. Will you reply to this that while the physical drunkenness is indeed cured, the mental tendency to revert to it still continues? My answer is, that the State has nothing to do with the question of tendency to disease or crime, even in an individual. Purging men of their evil tendencies, is beyond the province of the State, it can only punish overt acts. Hence a man may have committed homicide or arson, or any other crime, once or several times, and yet after he has served out the period of his punishment for these offenses, the State can not continue to hold him, on the ground that he has a tendency to crime. Even when public inebriety is recognized as a crime, I do not see how we can legislate for permanent detention. And if the Association couples with it the idea of disease, as its foundation, thus as soon as the disease ceases to be the subject of legal proof, the defendant is entitled to his discharge. You can not punish a man for being diseased, you can only punish him for the consequences which that disease entails upon others. Now there are but two forms of disease with which the State can concern itself. The one contagious diseases, the other insanity. In which category will you place alcoholism? If it be insanity, resting on this single symptom and proof, then when these are removed, your right and reason for detaining are removed also. The State can not detain a man in confinement, on the ground that he is weak in the presence of temptation, for all men are weak under certain forms of strain. Life is a perpetual treading of slippery places, and the duty of the State is to see that these slippery places are not artificially created by men to trip each other up.

Dr. KIRKBRIDE. I would like to ask Dr. ORDRONAUx whether he believes it possible to do anything for drunkards by treatment; if so, what kind of treatment he would suggest, and whether any such course would lead to a cure?

Dr. ORDRONAUx. I am not of those who think that much can be done for drunkards by medical treatment, and my opinion is based upon the fact that I do not regard inebriety in itself as a legitimate physical disease. It may indeed give rise to inflammation of the stomach or liver, fatty degenerations of tissues, gout or atheromatous deposits, but these are only incidental facts in its history, and to cure these is the office of therapeutics. But this does not carry with it by implication, the cure of the bad habit itself. Even the Superintendents of our Inebriate Asylums admit that the case of inebriety is not medical but moral, and consists in teaching the patient that the cure is in his *will*, just as soon as he shall exercise it resolutely. All that men do in Inebriate Asylums is to practice abstinence. They could do it the same at home, if they chose, and when you say that they can not, my reply is that they will not. The case is always within reach. Consequently, I do not think it is the duty of the State to build or maintain asylums for men whose only disease is weakness of will, and particularly too, when that weakness has been self-produced and habitually indulged in for purposes of low and debasing gratification. Education of the will is the only cure for chronic inebriety that I know of. Moreover, it is the only consistent one under the equities of nature; for since by self-degradation came the enslavement of the will, so by self-assertion of one's manhood shall come the independence of the will. No man was ever morally enslaved who did not forge his own fetters. And it is as true in morals as in government that "he who would be free, himself must strike the blow."

Dr. KIRKBRIDE. I believe with the doctor that this power of will is a great thing, but how can you educate the will unless there is some legal power to put restraint upon the person? This step, it seems to me, is the first one. Many of these men and women obviously can not do anything without help, and without restraint it is impossible to effect a cure.

Dr. ORDRONAUx. While it is quite possible to hold a person under restraint, and therefore under forcible abstinence for a while, I can only repeat what I said before, which was, that this detention can not be indefinitely extended. Dr. Nichols thinks six months at least are required. But with me length of forcible abstinence is no proof of cure. It simply shows that the party *could*

not get liquor, and not that he *would* not if the opportunity were given him. The Statistics of Inebriety show conclusively enough that the majority of patients are not permanently cured, even by asylum treatment, but that they drift back into their old habits, from choice and not necessity. And since there is no legal power in the State to render men forcibly virtuous, the only way left is to punish every public act of drunkenness as a crime, put the offender in jail; set degrading tasks before him; take every penny from him, and render it impossible that he should have the means to buy a single glass of liquor. Finally, and to complete the cure, I would fine or imprison anyone who should even give him a glass of liquor. That is the only form of medical treatment that I should apply to drunkards. Nor have I any doubt that in six month's time or a year at most, instead of merely "discontinuous" inebriety, such as asylums give us, we should have a permanent solution of continuity in the habit.

Dr. LANDOR. There are hereditary generations of drunkards as there are of phthisis and of cancer. Drunkenness is a disease of the bodily frame, originated and encouraged undoubtedly by evil habits; certainly not what Dr. Ordronaux states, mere absence of will in a particular individual. The drunken man can not restrain himself. I have known one or two such instances, that of a clever young man, accustomed to good society, who had property and a good position in life, yet he could not abstain from drunkenness, though he might lose his property and his position. He would be found in the gutters over and over again. He has been put in prison as a vagrant, as the only possible way to effect his recovery and renovation of his frame. Over and over again I have contributed to clothe him, and often I have spoken to him when he would be exceedingly penitent. He said, "I can go into a tavern perhaps, for months, and can restrain myself from drinking with difficulty, but the time will come when I would sell anything I had, even my skin, in order to get that which I wanted to drink."

I have known a man totally abstain for three years, and then to be for three months without drawing a sober breath. Do you not think the force of will was exercised as much as a man was capable of exercising it?

The government of Ontario more than two years ago, began to build an asylum for inebriates, which will be finished in the course of a few months, and will hold a hundred people. The government of Ontario doubts the efficacy of admitting patients into an asylum in this way, on account of the failure in the States. They

have hesitated from what has been done in the States, by the discharge of men as cured, while many of those discharged have returned shortly like the sow to the mire. Therefore our government contemplates making this new institution into a hospital for lunatics instead of drunkards.

If this Association can discover sound principles, it will be a blessing not only to us, but to all governments. Therefore, I am extremely interested in this subject. I should like very much to see an asylum for inebriates conducted with hope of permanent cure. If so, it will be a great relief to us. An act to legally keep inebriates and provide proper means of restraint was passed in Ontario. If they came freely and voluntarily, and it was thought best to keep them, it was legal to restrain them according to that act. Whether the act will remain, I do not know, but it at present exists, and a man can be restrained until it is safe for him to go at large just as in our asylums.

Dr. WADDELL. Inebriates are occasionally restored under any one of the various modes resorted to with that object; sometimes from the influence of moral considerations, sometimes at asylums for inebriates on the voluntary principle where they come and go at their own will. But there are cases, and they are the ones that give the community in which they live, and the family to which they belong, so much trouble. Consequently, this is the class, provision for whom is now under discussion. These persons may be restored apparently for the time, by any of the means usually adopted for that purpose, but no confidence can be placed in them, the partial restoration only fitting them for a renewed debauch, into which they continue to plunge until they are finally ruined. Now, the question is, can anything be done to arrest such persons in their downward course? After much observation, I am constrained to say that nothing short of legal restraint in institutions for the treatment of the inebriate, will fully answer the end. This may seem a harsh judgment, but my experience has led me to it.

Dr. BUCKNILL. I very freely agree with the distinction which Dr. Gundry has drawn between drunkenness which is a vice, and drunkenness which is a disease of a kind to be recognized by an alienist physician. The latter is generally found to be hereditary, the parents were insane or drunkards, or if not the parents, then the grandparents were so, for this disease like other nervous diseases frequently skips a generation. Moreover it generally has the characteristic of periodicity, and it is also very generally marked by the existence of other indications of mental infirmity,

by eccentric opinions, irrational conduct and dissolute habits ; and I think that habitual drunkenness of this kind may very safely be recognized by us, as a form of mental disease. I do not see how patients suffering from this form of 'drunkenness can be detained in asylums during periods of sobriety, unless we do it just as we detain other periodic cases of insanity, cases in which the patient is liable to dangerous attacks of mania at long intervals. We detain such patients during the intervals because we do not know when the attack will recur. I do not see why we should not detain the drunken and debauched maniac on the same ground, but these cases are few and not likely to give us much trouble. The cases which are really difficult to deal with are those in which occasional indulgence has passed into a settled habit of intemperance and in which eventually the individual seems incapable of resisting temptation ; and it seems to me that if such cases are proper subjects of restraint at all, that they ought never to be placed in our lunatic asylums, and that we, as physicians, ought never to be made their goalers. On the question whether habitual drunkenness ought to be considered a disease, I am fully in agreement with Dr. Ordonaux, but not quite on the same grounds, that is, because drunkenness is unnatural, whereas disease is natural, other diseases are not in the order of nature, scurvy for instance. It is no more in the order of nature for men to live on salt pork on board ship than it is to drink whiskey, yet scurvy is not recognized as a vice. Ordinary habitual drunkenness I think is a vice and not a disease, and how to deal with it is a perplexing and difficult question. Whether by moral means only, I know not but I came to this country hoping to obtain much light on this question which has recently been much agitated in my own country where we have heard that it has been satisfactorily settled here ; and we were much encouraged by the information that a system had been adopted in this country which had proved successful in the cure of drunkenness. Dr. Dodge and Dr. Parrish were induced to come to England for the purpose of giving evidence upon this most important subject, before Mr. Dalrymple's Parliamentary Committee, and in that evidence these experienced gentlemen stated it as a fact, that from thirty-five to thirty-seven per cent. of habitual drunkards, submitted to their treatment, were *absolutely* cured. If that was so, the result would seem to be so grand that the expenditure of large sums of money for the establishment of inebriate asylums, would seem to be entirely for the public good ; not only for the good of the individuals treated therein, but for the sake of

society itself by preventing the propagation of drunkenness, and by diminishing the disturbing element in society of which this drunkenness is so frightful and prolific a cause. If any members of this Association can inform us what is being done at Binghamton, and what has been done at Media and why Media was abolished, we should feel very grateful. The only practical measure which has been taken in my country, and which has undoubtedly done much good, has been the making drunkenness in public places, punishable by law. By a clause in a recent statute, the magistrate can inflict a fine upon any man who is found drunk in a public place; if convicted again within a certain time, the fine may be doubled, and if convicted a third time, within a certain limit of time, the offender may be sent to prison without the option of fine. This simple operative enactment, has done more to clear our streets of drunkards and has done more to check the display of this vice than anything else I know of. In many places it has worked a reform in the outward and public habits of our people.

Dr. GRAY. I have a telegram from Dr. Wey, that he will not be able to be here this afternoon. He has taken a great interest in the inebriate asylum from its inception. He is a prominent physician in our State, and though for a while he retired from the Board, he has recently accepted a position there.

Dr. Bucknill asks us what we have accomplished, as though we were an example to follow, or a frightful example to shun. I should not like to vote for the resolution that drunkenness is a disease, or that it implies irresponsibility, as persons arrested and fined might seek to use it to shield themselves from the penalties of the law. I have always felt a deep interest in inebriate asylums, as a matter of humanity to the families and of humanity to the individual. I have looked upon the inebriate asylum as an offspring of a humane civil polity, not a thing that the State could organize for the purpose of taking these persons and confining them permanently; but as a place where they could resort with the hope that while they were there free from the influence of alcohol, reflection might take a turn in their thoughts and bring about a reform. I have no doubt that some have been reformed; I know of such instances, but they are few. It is a very delicate thing to question the results published by persons in charge of these institutions, that the patients have been cured; but it is here brought up as a public matter, and we are here as men looking to the welfare of the State; and we must pass upon it.

In regard to the question of punishment, we do punish drunkards so far as the law considers it right and proper to interfere with the liberties of individuals. We take the property out of the hands of an habitual drunkard, the law declaring in that act that such a man is not capable of taking care of himself, not by reason of lunacy, however, but by being incapacitated from a constant state of drunkenness. The law also arrests and fines a man for being found drunk in a public place here as it does in England. When I went to New York a few days ago, I saw a great many with blackened eyes, and suspicious noses, sent up to Blackwell's Island for two or three days for this crime. I have had some experience with inebriates as we have occasionally taken some persons of education and culture, and others, sent there because they were really more or less violent in their drunken condition. I can recall some very remarkable cases of restoration from that habit, lasting eight, ten or twenty years, that is, from the time of their discharge from the asylum, to the present; but I can count them all upon my fingers. The great majority of those who came through their own will and seemed to have been strong when discharged, have in the main returned to drinking again. I have seen a few who realizing and recognizing their condition, and the abasement of it have applied to the asylum themselves, that they might be secured against their own evil habits. One person I have in my mind, a music teacher, a very intelligent man, who requested that he should be permitted to come to us when he felt these inclinations to drink. He came himself or was brought there a number of times until we ceased to take such cases. I questioned him after the debauch, about the state of health that preceded it and also whether he was at any time free from the appetite to drink. He said, no. He would like liquor any time, but he could resist for a certain length of time, probably as long as nine months, then he would give way. I tried to ascertain the cause: sometimes it resulted from irritation, sometimes from a little excitement, sometimes Mr. A. or Mr. B. asked him to drink, and that was the kindling of the flame. After he was three days sober he was just as much himself, comparatively, as he would have been if he had remained a month in the asylum. I have asked some other gentlemen who are my personal friends, who have always felt grateful in being compelled by their friends to submit to the restraint of the asylum, and the invariable testimony has been that they would not risk drinking again, even taking a social glass, and further that they felt humiliated as they looked back

over their past lives. I have confidence in the moral power of a man who sits down to consider his own case. Undoubtedly communities have done all they can in the way of punishment, and I see no greater transgression of law or stretch of the authority of a State in the building an institution for inebriates than in any other class of institutions, of a reformatory character. Certainly there is no more arbitrary law than the compulsory education law compelling children to go to school, but it is for the interest of the public to educate them, in order to save them from crime and degradation. I am sorry that Dr. Wey is not here. I have a delicacy in speaking about his institution. I do not think any one can say of Binghamton, that it is a success thus far, though I do not say that it can not be made a success under more rigid discipline. I should not be willing to vote for the resolutions as they stand, declaring intemperance to be a disease, but I am certainly willing this class should be provided for by any State that wishes to assume their care.

Dr. NICHOLS. The resolutions do not so state, there is nothing in them that admits of any such interpretation.

Dr. GRAY. I should be willing to vote for them with this out.

Dr. HUGHES. I should not at this late hour remark upon the resolutions, did I not desire to vote for them. I shall vote for these resolutions because I recognize dipsomania as a disease, and uncontrollable drunkenness as dipsomania. I believe we have the right to found institutions for those deprived of volition, or where the volition is impaired by reason of disease. Now in regard to the question propounded by Dr. Ordronaux, that it could not be a disease, because it was self-educated. A man may deprive himself of a quantity of blood, by reason of the deprivation or abstinence of food, or may open an artery and produce the want of blood, or a man may expose himself to miasmatic influences, and thus produce disease. Therefore it may be a disease, and also self-educated. I will vote for the resolution upon the ground, that alcoholic poison, to the extent of impaired volition and uncontrollable drunkenness is disease, that it produces a change if long continued, in the corticle substance and ventricles of the brain. I think, Mr. President, if it is not a medical question, it is beyond our province. It has been remarked that we are not a body of humanitarians, and that we are not a body of reformers, to establish houses of correction. It seems to me that the sole ground upon which we can take hold of this question and discuss it at all, is the ground that it is a medical question. That alcohol taken in certain quantities

and continued, makes a morbid impression upon the system, produces permanent change, has been demonstrated by chemical examination. I recognize the difficulties which must follow the establishment of an institution of this character. You may restrain the drunkard on the ground of moral depravity, you may detain him as a diseased person requiring treatment. When institutions are once established, I believe legal measures can be passed for proper restraint. If regarded as a dipsomaniac, then you can commit him as *non compos mentis*, as an insane man without volition. Then in the case of common drunkards, it would be necessary that he have the power of volition to escape commitment.

Dr. BUCKNILL. I should dislike to say that small quantities of alcohol are not nutritious; it certainly has been tested, that when taken up to two ounces a day it is a food.

Dr. HUGHES. I am aware that that position has been taken, I say that alcohol when taken in such quantities as to change the quality, and disturb the functions of the brain acts abnormally.

Dr. NICHOLS. I will read these resolutions again, deliberately in order that you may mark the precise meaning and effect of every word they contain.

The first resolution is as follows:

Resolved, That in the opinion of the Association of Medical Superintendents of American Institutions for the Insane, it is the duty of each of the United States, and of each of the Provinces of the Dominion to establish and maintain a State or public institution for the custody and treatment of inebriates, on substantially the same footing in respect to organization and support, as that upon which the generality of State and Provincial institutions for the insane are organized and supported.

Now these resolutions were based and offered upon the conviction I entertain, and that I supposed every other member of this Association entertained that inebriety is the parent of most of the vice, crime, disease, poverty and suffering that afflict the land, that it not only gives rise to a good deal of the insanity we are called upon to treat, but brings to most of the institutions under our charge, a class of troublesome and unsuitable cases, and that for these good reasons it has become our bounden duty to express, as a body, and in a formal way our convictions touching the obligations in this matter of the great municipalities of the two countries represented by us, and give them the benefit of the opinion

to which our experience has led us in relation to the manner of successfully conducting institutions for inebriates, and the evil of treating those commonly called dipsomaniaes and ordinary insane people in the same institutions.

I have also supposed that it is and has for some time been the settled judgment of most American, and probably most Canadian Communities that public inebriate asylums should be established and maintained, with the hope that they will afford some relief to society, and some abatement of individual suffering. Now if we possess any special qualification to give an opinion upon any question that can be brought to our attention, we are qualified to say whether there should be inebriate asylums or not, how they should be conducted, and that inebriates and insane people should be treated in separate institutions, and the public should have the benefit of our opinions, and we shall fall short of our duty if we longer fail to express them.

As the resolutions do not yet appear to be perfectly understood, I will, with your permission, read them a third time, in order that no member may vote under a misapprehension in respect to their meaning and purpose. Had there been time, it would, perhaps, have been better to have had them printed, and a copy put in the hands of each member before a vote was taken, (Dr. N., then read the first resolution.) That embraces three declarations. The first is, that the States and Provinces should provide institutions for inebriates. This declaration is based upon the hope that they will go some way—how far, I am not prepared to prophesy—towards the abatement of this great evil, and the relief of individual and family suffering, and embarrassment. I do not doubt that if they are established and properly conducted, such institutions will do incalculable good. The second declaration of the first resolution relates to the organization and maintenance of inebriate asylums, and I suppose that we shall agree upon those points. The inmates of such institutions must have medical treatment, and much discretion must be exercised in respect to the discipline and their moral treatment, the duration of their residence, their fitness for discharge, &c., &c., which render a medical head as necessary as it is for an institution for the insane.

The second resolution was then read.

This resolution states that the inebriates shall be sent to such institutions as the resolutions contemplate against their will and kept there against their will, and virtually that the voluntary sys-

tem will be a failure in the future as it has been in the past. There is no attempt to define the period of residence, *minimum* or *maximum*. That must be determined, in fact, by additional experience in the treatment of inebriates, and in individual cases by the judgment of the superintending physician. I have stated that I have thought that one year was the *maximum* period needed to give a confirmed inebriate the best chance of recovery or reform, and that I am now inclined to extend the maximum period of treatment to even two years in some cases, but these would, without doubt, be cases that the superintendent qualified to manage such an institution would consider cured, after three months, and others after six months treatment. The length of treatment must depend upon the duration of the habit, the degree of excess, the extent to which the nervous system has become involved in morbid conditions, and the natural moral stamina, and will power of the individual. You can estimate these considerations better than I can describe them to you in these extemporaneous remarks. The people of different States or Provinces might have different views in respect to the proper duration of treatment of inebriates, based upon differences of climate, population and experience, and regulate it to some extent by law. I shall not characterize the objections to institutions for inebriates, raised by Dr. Ordronaux, as I should do were he present. I will simply say that I do not think them proper to be made in a body like this. Here is a source of disease of serious embarrassment to the institutions under our care, and of inexpressible domestic suffering, and it is our duty to say what we think ought to be done in the premises. We can not cast the blame from our shoulders by doing less than that. If the laws, whether organic, statute or common, stand in the way of discharging the obligations of society to the inebriate and to the victims of his habit, then they should be changed. If we indicate what the changes ought to be, it will not be our fault if they are not made.

Dr. Cook. If you establish one asylum in the State of New York, how large a number (of inebriates) would it reach?

Dr. NICHOLS. The resolutions purposely avoid the expression of any opinion upon that point. The size of the institution must depend upon the means and disposition of individual States, but it is evident to my mind that the existing Institution in New York would do its inmates a great deal more good than it does, if a sufficient period of confinement and absolute abstinence, during treatment, from the use of alcoholic liquors as a beverage, were

rendered as certain as human law and administration could make them. I do not doubt that untrue statements of an injurious character are made in regard to inebriate asylums, as they are in regard to institutions for the insane. Persons who have been inmates of the two inebriate asylums that have been longest in operation, have told me that they got liquors every day during their residence in those institutions, that when the superintendent refused it, they went to the nearest grog shop and got it. Of another institution, it has been reported that a bargain was made with the inmates and carried into effect, that regular drinks would be dealt out to them, if they would not go to the neighboring village for liquor, and that while, as might have been expected, the authorities of the asylum kept their part of the bargain, the inmates were not as honorable. Now, while the degree to which such practices have existed, may have been exaggerated, I do not doubt that the reports just referred to are measurably true, because it stands to reason that it should be so. With rare exceptions a fit inmate of an inebriate asylum, will not keep his word in relation to drinking. Whether he can keep it until he is cured, or nearly so, is a question that is foreign to the merits of these resolutions. Dr. Ordronaux, and perhaps Dr. Gray, have raised the question whether we have the right to punish drunkards, that is, restrain them of their liberty against their will. The laws do punish drunkards. Perhaps there is not a municipality in the country that does not arrest drunkards found on the streets, lock them up until the Magistrate's Court sits, and finally let them off upon paying a fine of five or ten dollars, and if the fine is not paid, old offenders are sent to a workhouse, for periods, ranging from thirty to ninety days. Now if you have a moral or natural right to arrest a drunkard and fine him, or deprive him of his liberty for periods ranging from a few hours to three months as a punishment, you certainly have a right to restrain him of his liberty for a year or longer for his reformation, and all the unquestionable advantages to himself and to his family, and to society that will attend his reformation. It has been truly remarked that some inebriates will never reform. My answer is that it will be infinitely better for the individual, for his personal friends, and for the community in which he lives, for him to be kept in an inebriate asylum all his life, if he will not reform. Give every case a reasonable trial of the best treatment, and then a trial of liberty under the most favorable circumstances, and if he does not restrain his appetite, (whether he can not or will not,) then the restraint should be

renewed and continued until circumstances seem to warrant another trial. Let us, at least, so far as it depends upon our opinion, give the physicians of the country suitable institutions to which they can send such inebriates as they will otherwise send to us. They will continue to send such patients to us because they do not know what else to do with them, and they can not very well be prevented by law, from doing it, because whether a man whose extremity is such, that if it is possible to do anything for him, it must be done, is insane or not, is a matter of professional opinion. I conceive that the law must either forbid institutions for the insane to receive cases of insanity caused by drunkenness, or leave the question as it now stands. Dr. Gray objects to the use of the word dipsomaniac in the resolutions, though I apprehend he will not object to the definition of the class of persons to whom the word is applied. Institutions for inebriates, will, Mr. President, get some cases of actual disease. Cases that continue for some time to be affected with periodical debility, loss of appetite and sleep, and nervous pains, will be more likely to get into those institutions than will cases less radically affected, to get into institutions for the insane. No harm can result from this, though it might be a question whether the habit had established disease or not, because a properly organized inebriate asylum, could treat such cases as well as an asylum for the insane. Of course the moment that delusion, violence or dementia, not immediately due to drinking appeared, the patient would be a proper subject for treatment in an institution for the insane to which he would be naturally sent. I again submit these resolutions to the Association, and ask a vote upon my motion, which has been seconded I believe, that they be adopted. It has been personally suggested to me by a member to whose judgment I am much in the habit of deferring that this subject be referred to a committee for an elaborate report. Of course such a report could not be made until the next annual meeting, and I can not think the delay is necessary, I think it is nearly thirty years since Dr. Woodward began to advocate the establishment of inebriate asylums, the nature and treatment of inebriety has been discussed in several of the annual reports of the superintendents of institutions for the insane, much has been written upon the subject, both here and abroad, and the most of us have had our views in relation to it matured, by a very instructive experience. Let us vote and put this question in relation to which the public mind is so deeply interested, and at the same time so unsettled, on our list of *res adjudicatae*.

Dr. CONRAD. We have one hall devoted to inebriates or dipsomaniacs. The experience that I have had in the Hospital has been confined to a class known as dipsomaniacs. Many have been coming to the Hospital for several years, scarcely making an endeavor to withhold from drinking three days, others have been there for a longer time, and still others for a less time. The subject of their treatment is a matter in which I am interested, but I do not know of a single case where a cure has been effected by confinement. Upon application to the court, cases have been sent there for six months, at the expiration of that time, applications for renewal have been sent to the court, and the time of confinement extended. The confinement of patients has made it exceedingly uncomfortable for them. I heartily approve of the resolutions of Dr. Nichols, yet I would submit or amend, that instead of confining in asylums, labor be one accompaniment, compulsory labor. It seems to me it would be better for the persons thus confined to be required to labor.

Dr. BUCKNILL. I have one observation to make which I think is an important one, or I would not again trouble you. It has been assumed that the habitual drunkard is always the ruin of his wife and family, and that is a suitable, sufficient reason for the treatment of seclusion, to which it is argued he should be subjected. My experience assures me, that to send all habitual drunkards to institutions of this kind, in many instances, would be the ruin of their wives and families. What course should be adopted in cases of this kind? The question would be, shall we send this man to the institution, or leave him to support his wife and family? A dear friend of mine, now no more, gave evidence before the Parliamentary Committee of a person he well knew who got drunk every day for fifty years, and yet during those fifty years he accumulated a large fortune which his family enjoyed. It is not of drunkards who ruin their wives and families, but of habitual drunkards who get all the support of their wives and families about whom I speak.

Dr. NICHOLS. The gentleman will remember that I expressed the opinion that the occupation of the inmates of inebriate asylums should be insisted upon. It seemed to me, however, that the decision of that question had better be left wholly to the judgment of the law-makers of the several States. A State might be prepared to adopt the more important feature of compulsory residence, before it would that of compulsory labor, or prefer to leave the whole question of interior discipline to the judgment of the trustees and superintendent. I am willing that it should go

upon the record that it is my judgment that all the inmates of an inebriate asylum, should be required to engage regularly in some suitable employment, either intellectual or manual, and that such requirement is essential to the successful curative and reformatory treatment of this class of persons.

Dr. WALKER. I trust that the resolutions will be adopted just as they stand, because it would not be politic to insert that, upon which there has been a difference of opinion year after year in the communities in which we live. I confess that it is time the inebriate should be taken care of, and if upon no other grounds than that he should be kept from temptation. That sentiment, to my mind, ought to prevail in this Association of Medical Superintendents of Insane Hospitals. Our Legislatures have called the inebriate a criminal, year and year, after have authorized his punishment by increasingly long terms, until they have turned about and said, "it does no good to punish him." They have erected inebriate asylums, and they have failed to cure the cases placed therein. Tell us, gentlemen, why they have failed? The answer is in these resolutions, make their confinement compulsory, subject to the direction of the Superintendent. We have two such institutions in Boston, conducted by reformed inebriates, both of them honest, intelligent and enthusiastic men. I asked one of them, "what is necessary to reform these patients?" He answered me. "Practical, operative religion." Without that they could do nothing whatever. In a few days after this, I went to one with Dr. Bucknill. They were opening the meeting by the singing of temperance songs, and had religious exercises. Without this religion, there is no hope for them. We know that both confinement and labor have failed, both are good together, but alone without religion they can do no good whatever. Let the resolutions be as they are. I go for them most heartily, and I hope they will be adopted unanimously.

Dr. CONRAD. I withdraw my amendment.

Dr. KIRKBRIDE. I shall vote for these resolutions. From what has been said here, and what is said elsewhere, joined to many cases which have come under my own observation, I do not think it will be too much to say that these inebriate asylums have been failures. They certainly have not done what was expected of them when they were established. I am thoroughly convinced, that without some legal authority to detain inebriates as long as may be deemed advisable, little can be done towards their restoration to a healthy condition. It is better for society, for the inebriates them-

selves, and especially for their families that they should be detained, even for a very long time, than to have the constantly recurring relapses, with all their attendant consequences. I have no faith in the success of any plan of treating inebriates that does not embrace the right to restrain these cases just as long as may be deemed best for them.

The question being on the adoption of the resolutions, they were adopted with one or two dissenting voices.

On motion the Association adjourned to 8 P. M.

The Association was called to order at 8 P. M., by the President.

Dr. Curwen then read a paper on some of the predisposing causes of insanity.

In considering some of the causes which may exert a predisposing influence in the production of mental disorders, it seems proper to call attention to some which may be more or less active in the formative period of life, and may thus give rise to habits and practices which become fixed and difficult to be eradicated.

It is an unquestioned fact that too little attention is given to the proper care and training of children by a large number of parents and guardians. They are allowed to do pretty much as they please, resist all parental control and influence, and seem to grow up with the idea that their will is law, and that no one has any right to check, regulate or interfere with what they may see proper to do. They have never been taught "to preserve the honor and perform the duties belonging to every one in their several places and relations as superiors, inferiors or equals;" they have never been restrained or controlled as they should have been in their tempers or their passions, and consequently, as they advance in years, they find this control more and more difficult to exercise if they ever really see the necessity of it.

This neglect or disregard of parental control extends to all those with whom they are brought in contact, and though to some degree repressed and restrained in school, it is never properly regulated in the majority who too frequently grow up with the feeling that there is no necessity for their yielding due respect, deference and obedience to those whose position may require them to exert

some authority over them; and the scorn and often derision which many manifest when they are required to yield prompt obedience to the law of the land must certainly be traced to this early neglect of proper home training.

It is a truism which needs only to be stated to be acknowledged by every right minded man, that no one can be a good citizen who does not yield cheerful and hearty obedience to the laws of the land.

Now we insist that this neglect in the early training of children has a pernicious influence on the right development of their mental powers all through life. There can not be that steady and equable balance so necessary to the proper operations and healthful exercise of the mind when certain passions and emotions exercise an undue preponderance, and it is this irregular exercise of the mental powers which renders the individual so much more liable to mental disorders.

The capricious or unrestrained indulgence of certain passions and emotions, the inattention to those courtesies and obligations which contribute so largely to the comfort, happiness and well-being of our fellow-men, and the lack of forbearance and sympathy for others, each and all tend to produce a condition of mind which affords a ready soil for the seeds of mental disorder.

And do not persons thus conditioned have much less power to resist the incursions of mental disorder from the fact that they are by habit and constitution unable to take a cautious and deliberate survey of their position when that survey is most needed? They have so constantly and steadily yielded to the impulses of passion or the promptings of emotion that they have no resources of healthy restraint, or calm deliberation and prudence, on which they can fall back when they most need them in trial and adversity, and they are consequently too liable to be carried forward in a course which will lead to crime or insanity. If "madness frequently discovers itself by unnecessary deviation from the usual modes of the world," are not persons who are lacking in the elements of steadiness, sobriety and equable balance, much more likely to fall into some of the numerous paths which may ultimately lead to mental disorder.

The system of education so much in vogue within the last few years, particularly in private schools, has unquestionably a tendency to impair the integrity of the nervous system, and thus predispose to various diseases of that system, and to mental disorders. The effort to make a child study half a dozen books, on

different subjects, and the continued strain thus induced, not only during school hours, but at their own homes, to enable them to keep up with the work required of them, with the consequent, almost entire neglect of regular, healthful exercise, seems to have been the rule. Teachers do not seem to have considered that the brain and nervous system of a growing child, need to be as carefully nurtured as a delicate plant, and they have been in the habit of giving them an amount of work to do, which would well have sufficed to tax the strength of an adult. Let any one examine the number of books which any boy or girl may carry home from school, and often that is only part of what they are required to study, and look into these books, and mark the length of the lessons given by the majority of teachers, and then consider whether the mental and physical labor required to overtake and understand all this, is not more than should be expected of any growing child under sixteen. The same unswerving rule for all, not seeming to be aware that there are diversities of gifts, as well as different powers of endurance, that what is easy and pleasant to one, may be hard and repulsive to another, with the same anxious desire in both to learn; that while one may readily grasp a mathematical problem, and have delight in its solution, another from a peculiar bent of mind, may be able only to reach that solution, after the most tiresome and patient toil. It is freely admitted that there are certain general principles which all must learn and understand, but the point now insisted on is, not that these should not be learned, but that the method adopted to enable them to learn, is liable to the serious objection, that it makes no allowance for peculiarities of mental constitution, but insists that a certain amount of work must be done, whether the child really and properly understands what is studied, ignoring the true principle of all education, which consists in the healthful and regular drawing out of the different mental powers, and a proper, cautious and intelligent direction of them. It is quality, and not quantity which is really needed but the system has been to reverse this, and go over a large extent of surface, in the most superficial manner. The greatest amount of injury will most probably be done to those who are active and ambitious and inclined to precocity, for they will be induced to make the greatest show of progress and learning, and will overtax themselves in the effort, urged on by inconsiderate teachers and friends, who too often mistake the commencement of diseased action, for great talents and ability. Add to this the close, confined, overheated air, of the great majority of school rooms, causing the

children to breathe a vitiated atmosphere, which dulls their faculties, and too often poisons their blood, and the additional confinement in an uncomfortable position for so many hours, with very slight intervals of relaxation, and it must be obvious, that here is a cause which will seriously interfere with the healthy growth of the physical system, and result in consequent injury to the mental powers. Then again the present systems of education as a rule, are directed to the training of only one set of powers, the intellectual, leaving the moral entirely out of consideration, and thus producing an improperly regulated or unevenly balanced mind. It may be urged that the training of the moral powers, is a work to be done at home, and while that is true to some extent, it is equally just to say, that what is commenced at home, should be carried on through the whole daily life of the individual, for very often the youth will be for a longer period under the care of the teacher, than with the parent, and it can not be denied that the most successful mode of eradicating evil or preventing its growth, is the inculcation of the higher principles of truth and morality, and careful instruction in these principles when once implanted. It is necessary also to take into account, in an estimate of the predisposition to mental disorders, the irregular habits of living, the neglect of all hygienic rules, the giddy, frivolous pursuit of pleasure, continued week after week, and often month after month, the exhaustion of the nervous system, produced by a long continued course of what is too often considered harmless dissipation in overheated rooms, exciting company and exercise, with eating much stimulating food at very unseasonable hours, and not sufficient rest to recuperate the system. It is a matter of serious inquiry how much of the tendency to nervous disorders, and other debilitating ailments, may be traced to a course, negligent of their health, and imprudent in their habits, pursued by a large number of those who are the mothers of so many in whom a great variety of nervous complaints, and also of mental disorders has been developed, during the present generation. It is contrary to all analogy and experience, to expect that the strong and healthy, should spring from the weak and nervous, and it is not to be expected, that those who commence life with faulty, nervous organizations, can bear the cares and trials, the duties and anxieties, incident to the care of a family, without sooner or later yielding to the pressure, and manifesting some form of mental disorder, or of the severer forms of nervous disease akin to it. In this connection, it may not be amiss to allude to the effects produced on the nervous system of

the child, by the scenes the mother may witness, the trials, annoyances and manifold anxieties she may experience during the period of gestation. That some positive impressions are thus produced, can be attested by evidence, which it does not seem reasonable or philosophical to reject. It does not require any lengthened statement to bring before the mind of every medical man, the prolific source of so much disease of the brain, as may be traced to the continued pressure and strain to which so many men are constantly subject, in their eager and exhausting devotion to their business. Depriving themselves too often, of all healthful exercise and relaxation, they are absorbed in the most engrossing manner with the labors and duties of their particular line of business, so that they eat in haste, as if that which is to brace and strengthen them for what they expect to do, were a thing seriously interfering with their welfare; they deny themselves that amount of sleep which is so needful to recuperate the exhausted energies of the day; and their whole mode of life, is so much like that of a steam engine, forced to do the work for which one double its capacity is scarcely sufficient, that it can not be expected that the man should experience any other result than an early and fearful break.

Men need to be reminded day by day and almost hour by hour, that there are certain immutable laws which can not be violated with impunity, and among these may be reached, the absolute necessity for seven or eight hours sound sleep at night, frequent relaxation from engrossing and exhausting duties, for a bow always bent soon loses its elasticity, and careful and diligent attention to regularity in eating, and also the punctilious observance of the old rule, to keep the head cool, the feet warm and the body open. The injunction "let your moderation be known unto all men," applies not only to eating and drinking, but to the pursuit of daily duties, the control of the temper and passions, the freedom from worry and undue anxiety and to everything in fact which comes within the sphere of the daily labors.

Dr. BUCKNILL. I am really ashamed to speak again, but I am constrained to say a few words because this is a subject in which I have been greatly interested since I have been in the United States. I used the kindness of friends while in Boston and with them devoted two days to the examination of their very admirable schools, and I must say that no institution in the United States has pleased me so much and so completely as the schools in that city. I felt that you were setting us an example in the old country, in the thorough going way in which the youth of that city and

other cities in a more or less perfect way were being educated, an example to us which we should do well to follow. Therefore it is, I feel sorry to believe, that a system, whether considered in its bearing upon individuals, or upon the community at large, its social bearing or its political bearing, (for I believe it will be the mainstay of your political system in this country) so generally excellent is yet leading to such results. You that have given votes to all your people, must give education to your masters.

Dr. WALLACE. I beg pardon if I intrude, but as I never was known to make a speech in a deliberative body over three minutes long, members will please not become nervous under the impression they are to be afflicted with a long winded speech. I only desire to detain the body a minute to say for one I heartily thank the gentleman for the paper just read. I presume we all have our peculiar notions in regard to the causes of insanity as we have in relation to every other phase of this dire malady, growing out of our individual experiences, or the standpoint from which we are accustomed to regard it. I do not think there are any more fruitful sources of mental troubles than these indicated in the paper just read, any in which timely effort can accomplish more, any therefore, in which information is so much needed by the people at large, or finally any in which this Association can do more good by the dissemination of correct views and principles. I am so impressed with the importance of the subject I venture to call the attention of the membership to a recent work on "Education, physical, intellectual and moral," by Herbert Spencer, as containing some thoughts in the direction of Dr. Curwen's paper, of the greatest value.

Dr. HUGHES. I was much interested in the Doctor's paper, and more so probably than I would have been had I not just discharged an attractive young lady, the victim of the competitive examinations so frequently encouraged in our institutions of learning. I was called to see her in acute mania, and succeeded in curing her without her being sent to an asylum. The insanity resulted from forced study, now in vogue in St. Louis. She began by saying, as the examination approached, "I can not get these lessons." This was the first symptom of insanity and finally resulted in epileptic paroxysms. She has been well six months, I advised her parents to discontinue all further attempts at education. She was taken to the country, and continues well. The only evidence of insanity in the family was that of her father. Her grandparents were long-lived, her father and mother are living; her grandmother is still

living, perfectly sane, and in full possession of her faculties at the ripe age of seventy-two. Her father had an asthmatic attack, but the asthma left him for a short time some years ago, the affection of the lungs was transmitted to the brain and he had mental aberration. This was some twenty-four years ago. When the asthma returned the paroxysm of insanity disappeared. This insanity was developed in her case *de novo* from the effect of over education. She had been attending school from early years, and I traced the disease to over mental labor and malaria. She had studied often after midnight and finally she would read with the book upside down.

Dr. SMITH. I am somewhat surprised to hear the views Dr. Hughes has in regard to the St. Louis public schools. It has been often said they are the pride of our great city, and I had supposed in all their appointments and details were fully up with the progress of the day, and was about to commend them to our distinguished friend, Dr. Bucknill, as among the model public schools of our country. There can be but one opinion as to the importance of well-directed early education, by which I mean such a cultivation of all the mental faculties in harmony with a correct physical education as will best maintain the great principle of equilibrium, which must preside over the forces of animate as well as inanimate matter for the production of perfect results. Losing sight of this principle in education, so common in the interior of many States, has doubtless caused hereditary diseases to claim many victims who, otherwise might have passed through life without their development. How common the practice with many teachers of public schools to over-tax precocious minds, and a large portion of the brain's energy expended in sustaining this excessive activity prevents a due degree of innervation to other organs, and thus diseased tendencies gain the ascendancy. Again when children indicate decided talent in one or more directions a very common error is to give special attention to the stronger faculties and neglect the weaker, whereas the proper course would be to cultivate chiefly the weaker, as the stronger will always take care of themselves. It occurs to me that no error in education would be likely to be more prolific than this in developing insanity where predisposition is inherited. Dr. Curwen did not design in his paper to allude to all the causes that might produce insanity, but more particularly one branch of the subject, and as far as he has gone, his paper was interesting and suggestive. As to the influence of parents upon their progeny, I suppose there is entire

unanimity of sentiment, and that many who have never been the subjects of insanity from immoralities and excesses of various kinds may transmit to their children such an organization as would predispose them to mental disorders, I regard well established.

Dr. WALKER. In commendation of that portion of the paper, referring to the danger of forcing our educational system, admirable undoubtedly as the Boston education is, still there has been, I am sorry to say, a tendency to overforce the youthful mind, especially in the grammar and latin schools. I have children in those schools; the rules requiring them to study one hour at home in the evening. The parents are compelled, one might say, to look after the matter. The exercises given out for the evening are very much too long. One hour studying at night is all a child is required to do. Several times petitions have been sent in urging them to shorten the exercises and diminish the studies throughout the week. There is a tendency, even in our best schools to overcrowd.

Dr. WADDELL. I have listened to the paper of Dr. Curwen with much interest, and regard his subject as one of a highly practical nature, and trust it may have an influence beyond this Association. I have myself observed cases clearly vindicating that over study and too little muscular exertion have caused insanity. A remarkable case of this kind some time ago came under my treatment, and after six months of suffering, he recovered, and is now occupying efficiently a high place of public usefulness. Had this young gentleman been so fortunate as to have had the views of Dr. Curwen insisted on, in his case, he might have been spared so painful an attack. Teachers of youth and guardians of children should everywhere have an eye to precocious students of sedentary habits, and insist on relaxation from mental labor, and encourage free exercise in the open air. Were these views more generally acted upon than they are, there would be fewer failures in after life of students who have distinguished themselves in class.

On motion the paper was laid on the table.

Dr. HUGHES. Mr. President, I was in hopes that I would have an opportunity to elicit some discussion by the paper which I propose reading to the Association. It is not on a theoretical subject, as my friend stated, it is on a subject which I consider quite practical in its bearings, and upon which medical experts, it seems to me, ought to be anxious to be able to speak definitely, at any rate it is a subject on which I am collecting information, and this paper

is but a forerunner of what I may be able to offer at some future time. I will say that my convictions on the subject are perhaps greater than I am capable at this time of demonstrating, at least so far as the positions which I assume in the paper.

Dr. Hughes then read a paper on the Vicarious Functions of the Cerebral Hemispheres and Convolutions, considered in relation to unilateral wounds of the head and insanity. (Published in July number, 1875, of *AMERICAN JOURNAL OF INSANITY*.)

Mr. President. It is too late to impose the rest of this paper upon the Association. It will take more time, perhaps, than your patience will permit. Of course, as with all such things, it is a question in pathology on which light is just beginning to dawn, and one on which we are expected, by jurists, to shed more light as science advances.

Dr. KIRKBRIDE. I am sure we are all indebted to Dr. Hughes, for this valuable paper which he thought best to shorten at this time. I think the best plan would be to discuss it to-morrow. I move that after the reading of the minutes we adjourn to meet at Utica.

Dr. HUGHES. I would like very much to have the expression of the most experienced members of the Association.

Dr. CONRAD. I had a case which I would like to state in corroboration of the Doctor's views. It was that of a colored girl who came under my observation. I observed nothing in the person to attract my attention, as impairing any of her movements. After her death, I learned from her mistress, that she occasionally had a fit. I examined her brain and found the left hemisphere, one-third of it, atrophied. It was entirely diseased, to the extent, at least, of one-third, perhaps two-thirds, of one hemisphere. The examination revealed that the other hemisphere was capable of performing all the duties required of a servant in the house, with the exception of an occasional fit. I mention the case as in some respects, corroborating a duality of the brain.

The motion of Dr. Kirkbride was then agreed to.

The minutes were then read and approved, and the Association adjourned to meet in Utica, New York, to-morrow morning.

MAY 22, 1875.

The Association after examining the wards and other excellent arrangements of the State Lunatic Asylum, at Utica, under the conduct of Dr. Gray, was called to order at 3 1-2 P. M., by the President.

The President announced the business in order, to be the discussion of the paper, read by Dr. Hughes last evening. It is for the Association to decide whether that paper is of such a nature as to admit of profitable discussion, at this stage of the consideration by Dr. Hughes, of the subject to which it relates. It will be remembered that Dr. Hughes has promised to continue his studies in this direction, and present his matured views at another meeting.

On motion of Dr. A. E. Macdonald, the discussion of the paper was postponed until the next meeting.

The President laid before the Association, a letter from the General Agent of the Board of Public Charities of Pennsylvania, enclosing an extract from the last report of that Board.

Whatever errors may have occurred in the census of 1870, in enumeration of the insane, in some of the States, so far as it relates to the number in the State of Pennsylvania, it may be taken as sufficiently correct for all practical purposes. We do not assume that it is perfect, for that, with the machinery existing under present laws, is impossible; but it is entitled to confidence as regards the numbers of the "unfortunate classes," particularly the insane, until disproved by facts gathered under a more systematic agency. In a previous report made to your honorable bodies, we stated that, "by the returns on file in this office, the number of insane maintained in institutions, or by authorities making reports to the Board of Public Charities on September 30, 1873, was 3,842. It is estimated that there are in addition, about 600, who comprise the increase in county institutions since the above date, those who are retained under family care, and those who wander about as outcasts, making a total of 4,442." In the census, the number of insane on June 30, 1870, was 3,895, allowing for the increase of the

same on September 30, 1873, they would number 4,368, being a difference of but 74. A more remarkable evidence of the accuracy of the census is furnished by the investigation of the Board of State Commissioners of Public Charities of New York, in regard to the number of this afflicted class in that State. The prosecution of the inquiry, involved the addressing of nearly seven thousand written and printed communications to physicians and officers of institutions. The result of the investigation, showed that there was living on December 31, 1871, according to the reports, 6,775. The census of June 30, 1870, enumerated 6,353, to which, if added the number obtained from the rate of increase as shown by the census of 1870, would, on December 31, 1871, give as the number living, 6,733, or only 42 less than the number ascertained by the investigation of the Commissioners of the State Board of Public Charities of New York. We make these statements as confirmatory of our view as regards Pennsylvania, in which the enumeration of this afflicted class is sufficiently accurate upon which to base any legislation for their proper care and remedial treatment.

In the third report of this Board, we stated that it may be expected that one in 1,690 persons in Pennsylvania will yearly become insane. This statement, emanating from the high official authority of medical experts on the subject, was believed at the time to have been correct, but an examination of the returns of the hospitals for the insane in regard to their admissions, and the number discharged therefrom as restored, or died, have in connection with our proven practical accuracy of enumeration of this class of unfortunates, given us reasons for believing that about one in 3,986 of the population of Pennsylvania annually become insane; that one in 1,690 *do not*, is clearly shown, thus:

On June 30, 1863, there were in Pennsylvania, according to the annual increase as shown by the census, 3,067 insane persons. Upon the basis that one in 1,690 of the population become insane annually, there would be developed from 1864 to 1873, 20,275 cases of insanity, which, added to the number remaining from the preceding year, would give 23,342 cases in 10 years.

If this was true, what became of them? From the returns of the State Lunatic Hospital at Harrisburg, Western Pennsylvania Hospital at Dixmont, Friends' Asylum, at Frankford, Pennsylvania Hospital, (Kirkbride's,) and the Philadelphia Hospital, there were restored in these five institutions, 3,494, and 1,981 died within the same period, viz: 1864 to 1873, leaving a balance of 17,867 cases,

according to the above computation, to be accounted for. Of this number, we know from our returns and investigations, that there were not over 4,442 living on September 30, 1873, leaving a balance to have died, or been cured in almshouses, or families, of 13,425. This statement alone is sufficient to show how mistaken is the estimate that one in 1,699 of the population becomes insane. [We note in passing in regard to the hospitals for the insane, that the low percentage of cures is due to the fact that but one-half of the patients received, had the disease for less than one year prior to their admission.]

In illustration of our theory as to the probable percentage of new cases of insanity, we present the following table, giving the population and number who should have become annually insane, upon the basis of one in 1,690, during the decade from 1864 to 1873, inclusive:

YEARS.	Population.	Will become insane annually on the basis of 1 in 1,690.	RESTORED OR DIED IN 5 HOSPITALS.		
			Rest'd	Died.	Total
1864.....	3,138,385	1,857	335	215	550
1865.....	3,199,270	1,893	380	223	603
1866.....	3,261,336	1,929	301	204	505
1867.....	3,324,606	1,967	351	216	567
1868.....	3,389,103	2,005	395	190	585
1869.....	3,454,852	2,044	339	210	549
1870.....	3,521,951	2,084	347	157	504
1871.....	3,590,277	2,124	381	207	588
1872.....	3,659,928	2,165	366	200	566
1873.....	3,730,931	2,207	299	159	458
Number becomes insane in 10 years..		20,275	3,494	1,981	5,475
Add No. remaining insane from 1863..		3,067			
Insane population for 10 years.....		23,342			
Deduct restored and died in hospitals,		5,475			
		17,867			
There were not over this number living September 30, 1873.....		4,442			
Leaving as restored or died in almshouses and private families.....		13,425			

As we have already stated it may be assumed, as near an approximation to the truth as can possibly be now obtained, that one in 3,986 of the population of Pennsylvania annually become insane. In verification of this estimate, we present the following table, exhibiting the number of cases developed annually, with the aggregate insane population from the year 1864 to 1873:

YEARS.	Population.	No. will become insane annually on the basis of 1 in 3,986.	Aggregate insane population
1864.....	3,138,385	787	3,854
1865.....	3,199,270	802	3,976
1866.....	3,261,336	818	4,103
1867.....	3,324,606	834	4,234
1868.....	3,389,163	850	4,369
1869.....	3,454,852	867	4,509
1870.....	3,521,951	884	4,653
1871.....	3,590,277	901	4,796
1872.....	3,659,928	918	4,949
1873.....	3,730,931	936	5,108
Will become insane in 10 years.....		8,597	

If to the 8,597, who in consonance with our computation, become insane in 10 years, we add 3,667 as the number remaining from the year 1863, it will give a total of 11,664 as the insane population for 10 years.

It is important for us now to inquire how many were restored, died, and the probable number remaining at the end of the decade. The next table will show these facts, thus:

YEARS.	Aggregate insane population.	IN HOSPITALS.		OUT OF HOPIT'S.		Total of restored & died.	No. remaining insane.
		Resto'd.	Died.	Resto'd.	Died.		
1864.....	3,854	299	159	120	102	680	3,174
1865.....	3,976	366	200	67	58	691	3,285
1866.....	4,103	381	207	62	53	703	3,400
1867.....	4,234	347	157	114	97	715	3,519
1868.....	4,369	339	210	96	82	727	3,642
1869.....	4,509	395	190	84	71	740	3,769
1870.....	4,653	351	216	103	88	758	3,895
1871.....	4,796	301	204	140	120	765	4,031
1872.....	4,949	380	223	94	80	777	4,172
1873.....	5,108	335	215	130	110	790	4,318

Here we learn that of the 11,664 insane, 4,504, or 38.51 per cent. were restored, and 2,842, or 24.36 per cent. died, leaving 4,318 insane on June 30, 1873. The number based upon our own returns would be 4,392.

On motion it was resolved that the consideration of this communication be postponed until next year, and that the secretary be directed to inform the general

agent of the Board of Public Charities of Pennsylvania, that, owing to misdirection, the communication was not received until a short time before the close of the sessions of the Association.

Dr. Kirkbride from the Committee on Resolutions made the following report:

The Association of Medical Superintendents of American Institutions for the Insane, can not close its twenty-ninth annual meeting, without placing on record its obligations for the many courtesies and attentions it has received, and which will make it long to be remembered by all its members. Be it therefore:

Resolved, That our very sincere thanks are eminently due, and are hereby most cordially tendered to the mayor and citizens of Auburn for the hearty welcome with which they were received, and for the unremitting and delicate attentions of which they have been the recipients during the whole period of their stay in their beautiful city. Even where all have been so lavish in their attentions, it can hardly be deemed invilious to make special mention of the Hon. Christopher Morgan, the veteran in hospital management, and the devoted friend of the insane, whose unwearied efforts to promote the pleasure and comfort of the members and their friends could not be surpassed.

Resolved, That to Mr. and Mrs. D. M. Osborne, and to the different members of their family, we are under special obligations for the charming reception, so gracefully tendered, for their elegant and bounteous hospitality, and for the opportunity of meeting so many of the ladies and gentlemen of Auburn, rendering the evening one to be long associated with our most pleasant recollections.

Resolved, That we present our thanks to General Wm. H. Seward, Jr., and to his family, for the marked courtesies so freely tendered, and for the opportunity so generously afforded us to visit the home, and to examine the many valuable and curious treasures of art, gathered from every quarter of the globe, by the distinguished statesman, whose honored name and great services must ever be held in grateful remembrance by the American people.

Resolved, That to our brethren, Dr. John P. Gray, of the State Lunatic Asylum, at Utica; Dr. John B. Chapin, of the Willard Asylum, at Ovid; Dr. James W. Wilkie, of the State Lunatic Asylum for Insane Criminals, at Auburn; to the ladies of their

families, to their assistant physicians, and to their respective Boards of Managers, our thanks are specially due for their unremitting attentions, their most liberal provision for our comfort and pleasure, and for their bounteous hospitality.

Resolved, That our visits to all these institutions, varying so greatly as they do in character, have been peculiarly interesting, and while giving most obvious evidences of good management, have also afforded ample subjects for reflection and study. Most important of all, they seem to us to demonstrate conclusively, that the great State of New York has fairly entered upon a work in which there can be no retrograde step, and that these institutions show, that the day is not far distant, when she can point to the grandest of all her works, in proclaiming that she possesses ample hospital provision for every insane person within her limits, that not a single individual of this class is to be in her poor-houses or jails, and that even the most desperate convict, when bereft of reason, is treated like his fellow-men, only in a hospital, specially provided for the purpose, with all the appliances that can contribute to his comfort and restoration.

Resolved, That our thanks are gratefully tendered to the Session and Trustees of the First Presbyterian Church, of Auburn, for the use of their beautiful lecture room; to Professor Sprague for his rare performance on the organ of the church; to Dr. Button and the Warden of the State Prison for their invitation to visit that Institution, and for courteous attentions; to Dr. George Cook, for his invitation to visit Brigham Hall; to the Board of Charities and Correction, of the City of New York, and to Drs. Parsons and A. E. Macdonald, for the invitation to visit the public institutions of the City of New York; to Mr. B. Ashly and his assistants of the Osborne House, for their efforts to promote the comfort of the members and their friends, and to the gentlemen connected with the press of Auburn, for their full reports of the proceedings of the Association.

On motion the report was unanimously adopted.

Dr. GRAY. Gentlemen of the Association. As the time for final adjournment is now here, and I see none of the Managers of the Institution present, I beg to thank you for prolonging the session a day beyond the usual time, and for honoring us with a visit. It has given us great satisfaction, and I hope this journey has not given you too much inconvenience.

Dr. BUCKNILL. Before closing this meeting, I wish to tender my most grateful thanks for the honor you have done me during the proceedings. I can not venture to speak at any length of the warm emotions to which your reception of me has given rise in my heart, but I feel greatly privileged in having been permitted to be and to work with you during this session. I feel deeply the great and general kindness I have received, and I truly value the many friendships I have formed, friendships which I trust I shall carry to the grave. It has been no small event in my life, this instructive and precious meeting, with so many professional brethren, many of whom I well knew before through their world-wide reputation, but none of them personally, before this, my first visit to your great country. I beg you to accept my heartfelt thanks for the great honor you have conferred upon me, and the great kindness you have shown me during this session of the Association.

Dr. GRISSOM. I desire to return the thanks of the Commissioners I have the honor to represent here,—the Commissioners outside of the profession,—for the special honors they have received, and for the most valuable information they have gathered. They authorize me to say that this has been an occasion of special pleasure and profit to them.

Dr. CURWEN. I move the Association now adjourn to meet in Philadelphia, on the 7th day of June, 1876.

The PRESIDENT. Before the motion to adjourn is put, I will say, as I feel fully authorized to do, that the members of the Association fully and warmly reciprocate the sentiments just expressed by Dr. Bucknill. The Association has felt highly honored by his attendance at this meeting. It will be memorable on that account. The Association has also to acknowledge the great benefit it has derived from the instructive remarks that have fallen from Dr. Bucknill in the course of the several sessions. I also wish to add that it has been a source of much satisfaction to me, and I do not doubt that it has to every other member, to have the company at this meeting of the representatives of several State Commissions, created either to enlarge existing institutions or establish new ones. At least two of these Commissions contain men of large experience in our specialty, and I am by no means extravagant in my expectations touching the importance of the new and valuable facts they have gathered in attending this meeting. There is now so much recorded experience in relation to the construction and management of institutions for the insane, that it is not reasonable to expect that much, that is new and useful, will be put forth in

one year, but as I have never attended a meeting without pleasure and profit, I indulge the hope that it has been pleasant and profitable to them to be with us this year. Their attendance indicates their sympathy in our arduous work, and we thank them for it. We feel a deep interest in the great benevolent enterprises they have undertaken to direct, and trust that from them will flow abundant benefits to the insane, and lasting honor to themselves.

DR. KIRKBRIDE. Mr. President, just returned from the bountiful repast which we have all so thoroughly enjoyed, and especially those of us who had the good fortune to be led by our venerable friend and manager, Mr. Morgan, to the table which had special attractions, it is natural that we should feel kindly disposed towards our hosts and their Institution, and be inclined to say pleasant things of our Association and of all our brethren.

Leaving this, however, I can not but refer before we adjourn, to our first meeting at Jones' Hotel in the city of Philadelphia, and to the remarkable degree in which the interest in the Association has been kept up, and to express my convictions, stronger now than ever, of the great work this Association has accomplished in alleviating the condition of the insane in every part of the country. This has been done by adhering strictly to the principles on which it was established. There is no reason why if the same course is pursued in the future it should not show results still more important, and the youngest members have before them a field for labor, quite as important as those had who have gone before them. I should be glad to hear from our good brother Walker, a faithful worker in this great field, and who always has words of encouragement for his fellow laborers.

DR. WALKER. I suppose Dr. Kirkbride calls me out as one of the veterans, but I belong to the second class in the Association of Superintendents. It was my good fortune to enter it soon after our worthy President became a member, and also the Secretary. I think when Dr. Butler dropped the Superintendency, it was understood that the older laborers had left us, as they have left active service. Some few of them are left to us and I beg leave to say we need them all, I think we will continue to need them for years to come. I believe that the interests of the specialty have been placed in our hands by those gone before us, and it belongs to us to come up from year to year and uphold the Association in all its dignity. This can not be done unless we make it a matter of personal duty, both by daily usefulness at home, and by our

thoughts and our labors, to meet our brethren here and compare notes, to make improvements and cure the defects in our work, and in every way and every thought of life to remember that we have the harness on and must have it on till we die. I remember the success which has attended the Association, how largely we have increased over the original number, but with the increase I wish to remember those gone before, and to keep them in memory as an example. I have no doubt that this Association will have an influence throughout the country,—an influence compared with which the influence of the Association in earlier days will be like that of a feather. May we all feel the responsibility that rests upon us. I trust I shall always appreciate the part I have in the life work which I have to perform, and in which I have so long been engaged. I never enjoyed a meeting more than the present one, and I believe that to be the case with all the members. I can not sit down without expressing to Dr. Bucknill, in behalf of the younger members, the exceedingly great pleasure that his presence has given to us, how gladly we have listened to his words of counsel. He has apologized more than once for his readiness to speak. Did he know our eagerness to listen to him, he would have kept on talking all the time, and it would have done us good.

Dr. HUGHES. I want to make an explanation in regard to the Committee on Choral, as chairman of the Committee. It will be remembered that we were expected to make a full report at this meeting. There was a misunderstanding among the members of Committee as to who was the chairman. I supposed Dr. Curwen was, and I looked to him to prepare the report. I make this apology to the Association for not being ready. I hope the Committee will be granted further time, and that the members of the Association will transmit to it such information as they may have on the subject.

On motion the Committee was continued and directed to report to the next meeting.

Dr. A. E. MACDONALD. I am unwilling to have this Association adjourn without some expression of feeling from the younger members in reply to the kindly words of Dr. Kirkbride. The fact that I am the junior member of the Association, and the additional fact that I am the one referred to as making the remark about the table which has furnished Dr. Kirkbride with his text, perhaps gives me the right to speak for the younger members. In our

government of the Institutions committed to our care, we have daily to thank the older members for the assistance we derive from their writings, from their action in the Association and from the resolutions which they have from time to time spread upon its minutes. For the older members our wish is that they may be spared for many years to witness the completion of their labors, for ourselves that when we reach their age we may be able to look back upon lives of honor, and of usefulness as great as theirs. The fact that this is a centennial year has impressed itself upon our proceedings, and governed us in the selection of the next place of meeting. Another topic that has been often on our tongues, is the visit of Dr. Bucknill of England. Connecting the two incidents, it occurs to me to ask what greater evidence of the progress in the friendship of the two countries can we find, than in the contrast between the two meetings, that of a hundred years ago and this, when the representatives of the two countries come together, to consult upon and devise measures for the greatest good of their fellow creatures.

On motion of Dr. Curwen, the Association adjourned to meet in Philadelphia, on the second Tuesday of June, 1876, at 10 A. M.

JOHN CURWEN, *Secretary.*

CASE OF ERASTUS HOTCHKISS.

BY JOSEPH WORKMAN, M. D.

Late Medical Superintendent of the Toronto Asylum for the Insane.

The above named was tried on Nov. 8th, 1875, at Brockville, Province of Ontario, for the murder of his mother in June last, at Seely's Bay, in the County of Leeds. Neither he nor his friends had made any arrangements for his defense. The presiding judge, Groqune, requested some member of the bar present to undertake the defense. Mr. Deacon offered his services, which were accepted. He endeavored, as well and earnestly as any lawyer similarly called upon, without due acquaintance with the necessary facts, and possibly without any profound knowledge of the medical jurisprudence of insanity, could do, to establish the plea set up by him, of the mental unsoundness of the prisoner at the time of committing the offense; but whether under the erroneous charging of the judge, or from their own defective knowledge of the true characteristics of insanity, the jury brought in a verdict of *guilty*, and the prisoner was forthwith sentenced to be executed on December 30th. The jury, however, having accompanied their verdict with a recommendation to mercy, the judge was obliged to report the case to the Provincial Secretary, for the consideration of the Governor General. In his report Judge Groqune expressed, not unnaturally, his surprise at the recommendation of the jury, for if they believed the prisoner to have been sane when he killed his mother, the crime was so atrocious and unnatural that no mercy should be extended to him. If on the other hand they believed him to have

been not a sane and responsible being, their verdict of *guilty* was unjust.

It is abundantly evident from the judge's report, that he did not believe in the insanity of the prisoner. He asserts that the "evidence, as well medical, as otherwise, failed wholly to convey the belief or impression, that at the time of the committal of the offense, the prisoner was not a responsible being, by reason of want of reason."

Entertaining so decided an opinion of the prisoner's sanity and responsibility as the above words indicate, no injustice is done to the judge, when we infer that his charge to the jury must have been very strong and decided, against the theory of the defense. The duly instructed readers of the JOURNAL OF INSANITY will hardly, after perusal of the evidence, bearing on the question of the mental condition of the prisoner, not only at the time of the murder, but also before and after it, concur in the opinion expressed by Judge Gro-
qune.

I was requested by the Minister of Justice, "after carefully studying the notes of evidence furnished by the judge, to proceed to Brockville, for the purpose of making a personal examination of the convict, as to his mental condition." The following are the notes taken by me of the examination, and the extracts from the evidence supplied by the judge, which appeared to him to bear upon the subject of enquiry.

On arrival at Brockville, I called at the residence of Dr. Morden, surgeon of the gaol, and learned that he was absent in the country, and suffering under indisposition, which would prevent his early return. After some preliminary conversation with the turnkey at the gaol, I appointed next morning as the time for personal examination of the convict. I attended at the hour

named by me, and was presently conducted to the ward in which the convict was confined. He was brought out of his cell into the corridor, where I conversed with him nearly two hours. I found his replies to my questions prompt and pertinent, and, as I thought, frank and truthful. He made no pretension to present insanity, but he was, or appeared to be, totally unable to remember any of the occurrences immediately connected with the killing of his mother. He said he only first became clearly aware of them, on hearing the statements made on his trial, by the witnesses. He had no recollection of striking his mother with the axe, nor where he had found it, nor of any violence used by him to her. He stated that he had drank three glasses of liquor during the morning of the murder. Owing to the bad effect which drink had on him, his mother had forbidden the tavern-keepers to give him any liquor. The young fellows around used to call him names, and provoke him. Two years before, he used to go on a spree occasionally, but not latterly. Nine or ten years ago he received a kick, or rather an accidental blow on the back of his head, from the foot of a horse which fell, and in tumbling over, struck him. He showed me the mark, still remaining quite visible, of this injury. He was laid up for three weeks after, had severe headache, and was delirious; has ever since been subject to occasional severe headaches: never had any sort of fits; once had a bad fever, not ague. No medical man attended him after the blow on the head, but he once showed the mark to a traveling doctor, who said his skull had been fractured, and should have been surgically operated on. (This expression of opinion, I regard as sheer humbug, for I do not believe there was any fracture of the skull, though it is quite probable brain disorder, was caused by the blow.) Remembers

that he was in gaol eight years ago, but can not recollect how he then behaved. On being asked why he had not engaged a lawyer, to conduct his defense, being quite able to pay one, he said he could not see any in the gaol, and he expected his friends would do whatever was necessary.

On questioning him as to his parents and relatives he stated that his father (or grandfather,) came from England, but he did not know from what part; that his mother came from Wexford, Ireland, her maiden name was White; one of her sisters, now aged about fifty, unmarried, was insane for some time; she resides at Cainstown. A brother of his father's, named Alpheus Hotchkiss, was long insane; he went to Wisconsin, and there wandered away, and was never found. Being questioned as to why he had not got married, or whether he ever proposed or desired to marry any girl, he said he did not in Canada, but in the State of Wisconsin, where he once resided some months, he knew one he would have liked to marry. His mother objected to one near home, about whom there was some talk of marrying with him, and he gave in to her advice. He recollected nothing of having made any advances to Miss Chapman.

The preceding notes are a mere outline of the conversation which I held with the convict. After leaving the ward, I questioned the turnkey, an intelligent man, as to Hotchkiss's conduct, and state of mind, whilst under his observance. He stated that he was not in the gaol when Hotchkiss was first a prisoner there, eight years ago, but he had been constantly in charge of him since his second commitment in June last. "On his entrance, and for over two months after, he was utterly insane. He tore up every article of his own clothing, and all the bed clothes and ticks supplied to

him and persisted in bodily nakedness and exposure. When the weather became cool it was necessary to tie his hands to keep him so covered as to prevent him catching cold. He was extremely filthy; he would pass his evacuations on the cell floor and daub the walls and his own person with the excrement; he would drink his own urine; he broke the glass of the window of his cell, and tore out the window frame. He talked aloud through the window, as if carrying on conversation with imaginary persons outside; he would constantly square up to me in fighting attitude on my entering his cell." The turnkey produced the magisterial commitments of Hotchkiss in 1867 and 1875, the former is dated February 8th, 1867, and bears the signatures of John Chapman, J. P., and James Moulton, J. P.

These magistrates state in their commitment of Hotchkiss, "he is insane, and *have* threatened to kill different people, and that if he is left at liberty he will kill some person." This commitment was produced in court by Mr. White, the gaoler, who was examined as a witness. The discharge of Hotchkiss was also shown to me, it bears date, March 9th, 1867, so that he was detained only a month. His discharge was authorized by two magistrates, and approved of by the chairman of Quarter Sessions, on production of a certificate of recovery, signed by two qualified physicians.

As illustrative of the condition of Hotchkiss' state of mind shortly after his last commitment, and at the present time, I annex a scrap marked No. 1*, written in pencil, by him, in a small account book of the turnkey, being the only paper immediately at command. I have in my course of asylum service, seen many similiar abortive attempts, from the hands of insane persons. The turnkey informed me he tried to get Hotchkiss to write

* See note on following page.

more, but the undertaking seemed to be beyond his mental capability.

In striking contrast with this scrap, are the letters marked two, three and four, also annexed*. Those indicate continuity and consistency of thought, whilst the pencil scrap shows mental vacuity, or utter inability to embody his flickering mind-glimpses in intelligent terms. I am quite unable to understand the items, "1 gray mare." That for "balance Bai Colt," no doubt relates to the one mentioned by the witness John White, the gaoler, the selling of which, Mr. White says: "Seemed to have troubled him much." The words "on Merchant's b R," perfectly harmonize with similiar expressions, heard and seen by me hundreds of times, from the lips or pens of the insane, who so often believe themselves to be very rich, and think they have only to ask "*at the bank*," for whatever money they wish.

Having now detailed the information obtained in my personal examination. I deem it proper to abstract from the notes of evidence, furnished by the judge, those perhaps which appear to me most pertinent to the present enquiry.

The first witness, Adam McKee, who lived in the house with Hotchkiss and his mother, said "She used to speak of him as insane."

The second witness, John Henry McKee, who also lived in the house, said he met prisoner coming from

*NOTE.—The documents above alluded to, having been sent to the Minister of Justice, and no copies retained by me, are not now available. The pencil scrap contained about two dozen words, but the letters two and three, each covered a page of large, close ruled foolscap, very fairly written, and perfectly intelligible. They were addressed respectively to his sister and her husband, and related chiefly to his personal affairs. The one marked three, was addressed to his uncle, it was shorter, but quite appropriate.

the house on the run. He had nothing in his hand; he called to me, "I will take your life before night." This took place immediately after the murder.

The third witness, James W. Pierce, said "when the prisoner was overtaken by us, he turned around, looked at us, and stopped; he had his watch in his hand; when forced into the house, he shouted and tried to get out again; have known prisoner as long as I can remember; he had the reputation in the neighborhood, of being crazy; the women at Johnson's told me, that Erastus had run up with the axe; it was that, and the reputation prisoner had of being crazy, made me form the opinion that it was he had killed his mother; when we came up to him, Richardson said to him, that he had killed his mother; he denied it; prisoner did not seem to me to be in his right mind; he looked wild and excited; that is what I mean when I say he did not seem to me to be in his right mind."

The fourth witness, Mary Ann Johnson, speaking of the time immediately before the murder, said, "I saw him going from his own house into a field and sheep pasture, back of his house; I did not see anything with him; he was walking; in a few minutes he returned, running very fast, with an axe in his hand, and going up towards his own house; I had heard a few days before that Erastus was not right in his mind, and that there was some fuss about milk; I had heard before that he had been in gaol as out of his mind."

The fifth witness, Amelia Johnson, said, "I had heard Erastus was crazy, that made me think he was going to kill the blind man, (Adam McKee;) I had heard before we moved there, three months previously, the prisoner was crazy, and I did not care to become much acquainted with him."

The sixth witness, Edward Chapman, said, "I have heard prisoner over a year ago threaten his mother; he said he would get a box and put her into it, that he would put her underground, but not very deep, but deep enough to keep the smell off; I knew him when he was a child; it was said that sometimes he was out of his mind, at other times right enough; I have known that he was sent to gaol, lest he should do violence; I cautioned his mother to be careful of him; he must have been angry or crazy, or he would not have so spoken to his mother, but I could not tell which."

The seventh witness, Jane Ann Chapman, detailed a rather long interview with the prisoner at her house, when she seems to have thought he made advances of courtship to her daughter. She was afraid to leave her daughter with him alone. His conduct in intruding into the room where the witness was dressing, naturally displeased her. She finally drove him away with a stick, and threatened him by saying she was going to a magistrate for a warrant for him, (which she actually did.) "He then," she said, "went across the orchard towards his own house. I went to a magistrate to get a warrant, and on my way back, heard of the death of his mother."

The reason assigned by this witness for her objection to a marriage alliance with Hotchkiss, was as follows: "I was averse to that, because I knew he was crazy."

It is manifest from the evidence of the next witness, that Hotchkiss returned to Chapman's house, after Mrs. Chapman's departure.

The eighth witness, Eliza Jane Chapman, daughter of the preceding witness, narrated the scuffle between prisoner and her brother, who "took hold of him and pushed him out of doors." She continued, "he started then towards home; he was gone about ten minutes;

he came back whooping, not saying anything; my brother asked him what was wrong; he began to cry, and said she was dead; that the axe was lying on the floor, beside her, and all in blood; he did not believe him yet; he stayed about there, until men came in pursuit of him, then he ran towards the woods; he has the reputation of being crazy; sometimes he would talk at random, as if he did not know what he was saying; his eyes were wild looking, when my mother asked me if I would be afraid to stay in the house with him."

The ninth witness, William Reid,* brother-in law to prisoner, said, "at times he is passionate; when we called him all right, he would stay at home and be steady, probably for eight months together; at other times he would leave his work, and not attend to his business; I can't say that I have heard him say that his mother interfered with his getting married; the evidence of his craziness, is that he would sometimes go idling about, leaving the farm to take care of itself; his mother considered him crazy; two days before her death, she was at my house; she then said she was afraid to stay with him, he was carrying on so, staying out late at night, sometimes he would not sleep any; he was not in the habit of drinking; I looked upon him as crazy or lazy."

The tenth witness, Dr. Joseph Scott, knew nothing of prisoner's mental condition. He testified merely to the cause of death, which resulted from a cleaving blow with an axe, passing through the sternum, cutting the large central blood vessels, and penetrating some depth

*NOTE.—This witness, though husband of the prisoner's sister, took no interest in procuring for him proper defense. Hotchkiss owned a farm worth probably, \$3,000. It is said that Reid expected to become the possessor, in the event of Hotchkiss' death.

into the vertebral column. Whether the woman was standing or prostrate, at the time of thus being struck is not shown. The blind man, McKee, swore he heard a scream, and then something fell, he thought a chair. He was in another part of the house and had to grope his way to the apartment from which he heard the scream.

The eleventh witness, Dr. A. N. Purdy, said, "I have known prisoner one and one-half years, I have found him perfectly rational." When? "In the warm weather in the year before, in June, he was considered quite insane, restless, knocking around among the neighbors. Three days before the death of his mother I observed him wandering about, I merely observed restlessness in his movements; he realized what he was talking about; he was aware of what he was doing; he had not control of his tongue at any rate; at other times he was silent."

The twelfth witness, Dr. John Morden, surgeon of gaol, said, "I have had opportunity of seeing prisoner; saw him first seven or eight years ago; he was then in gaol as a dangerous lunatic; he was not (?) committed as a lunatic; he was not violent at that time; has lucid intervals, when he is rational; he would not keep his clothes on him; he would make use of the floor of his cell, to put his excrements, and then take his finger and paint the wall with them; I have observed him since he came in this time, the same arts of filthiness in his cell, worse than before; for the first two months he was not rational; he would carry on conversations as with some imaginary person, would say that he had miraculous power; latterly he has been for sometime rational; he used to speak of his great wealth; I have not recently examined him at all; I examined him when he first came in; there was no sort of connection in his

conversation; I understand he did not sleep; I treated him to produce sleep; did not succeed for sometime."

The last witness, John White, gaoler, fully corroborated the statements of Dr. Morden, and those made to me by the turnkey.

I utterly fail to understand how it is possible that any intelligent person, having even but a limited knowledge of the malady of insanity, or but a trivial intimacy with its victims, could, in view of the cumulative evidence above quoted, hesitate in his decision, that Erastus Hotchkiss, was, at the time he killed his mother, in a state of unsound mind. With all becoming deference to the admitted great ability and strict impartiality of the Honorable Presiding Judge, I must frankly declare my dissent from his view of the evidence, which, he says, "as well medical, as otherwise, failed wholly to convey the belief or impression, that at the time of the committal of the offence, the prisoner was not a responsible being, by reason of defect of reason."

Had I been one of the jury, I would never have assented to any other finding than that Erastus Hotchkiss, was at that time insane—a frantic maniac. It is clearly established by the evidence of the gaol surgeon and the gaoler, and by the confirmative statement made to me by the turnkey, that he continued in a state of acute mania, for at least two months after his commitment. The type of his insanity is one, which is but too well known to asylum superintendents, to wit, recurrent insanity. In this case, I have no doubt the disease is hereditary. I have, during my prolonged asylum service, seen, and become intimately acquainted with some hundreds of cases of recurrent insanity, some of which came under my care several times, at varying periods of intermission. In the majority I found the

disease was hereditary. So strongly, indeed, had this often observed fact impressed me, that I became doubtful of the permanent sanity of any recovered patient, whose family history showed the disease to be of hereditary derivation.

I can not for a moment entertain the supposition that Hotchkiss's insanity, in either his first or second attack, was developed *after* his imprisonment. That it existed *in* both imprisonments, and from the very outset, I hold to be certain. That on the last occasion, its culminating outburst was associated with an atrocious and most unnatural crime, I regard as an accidental outrage, which might occur more frequently with the insane, under suggestive or provoking circumstances than we observe. I think it is most probable that the rebuff and the forcible ejection Hotchkiss underwent at the house of Mrs. Chapman, was the immediate precipitating agency, or in fact, the igniting match, producing the maniacal explosion in which he slew his mother. It is likely that in some way or other, he ascribed to her words or acts, his discomfiture in his approach of courtship to Miss Chapman.

The statement of the witness, Edward Chapman, that he heard Hotchkiss, over a year before the murder, threaten his mother, saying he "would get a box and put her into it—that he would put her under ground, but not very deep—but deep enough to keep the smell off." I regard in much the same light as did the witness himself. He said, "I cautioned his mother to be careful of him. He must have been angry or crazy, or he would not have so spoken to his mother, but I could not tell which."

Is craziness incompatible with anger? It is my belief he was then both angry and crazy. Had he not been crazy, he would, as the witness said, "have not so

spoken to his *mother*." Had he been sane, and actually intending to kill her, he would not have declared his purpose in the hearing of any person. He lived with her a year after this threat, without attempting any violence until the fatal day of his unhappy visit to Miss Chapman. He went straight from Chapman's house to his own, and in "about ten minutes, he came back whooping." Presently "he began to cry." If this is not like madness, I confess myself ignorant of the true manifestations of the disease. That crying was the index of a fortunate revulsion of the feelings of the frenzied wretch. Had this reaction not occurred more than one victim would have fallen under his maniacal fury.

The judge's notes of the evidence of Dr. Morden must be incorrect, when this witness was speaking of Hotchkiss first commitment to gaol. Dr. Morden is represented as saying that Hotchkiss "was not committed as a lunatic." In his reply to the immediately preceding question, Dr. Morden said, "he was in gaol as a dangerous lunatic." The two answers are utterly incongruous. I have read the commitment, and I affirm that Hotchkiss was then committed as a dangerous lunatic. The words used by the committing magistrates, in this selection, were, "he is insane, and *have* threatened to kill different people, and that if he is left at liberty, he will kill some person." If these words designate not a lunatic, and a very dangerous one, I understand not the English language.

Exhaustive comment on the evidence of this case, or on its scientific merits, is uncalled for. The establishment of salient facts clearly indicative of insanity, is sufficient for the due administration of justice. The only possible avoidance of belief in the insanity of Erastus Hotchkiss, would be the supposition, that

throughout the past eight years, and both his periods of imprisonment, he was *simulating*. I have not seen or heard anything to warrant this belief. I have, within the past few weeks, read in the AMERICAN JOURNAL OF INSANITY, for July and October, 1875, the history of fifty-eight actual homicides, by lunatics who were committed to the New York State Lunatic Asylum, at Utica, from 1843 to 1875, and of sixty-seven who attempted the crime. I do not think that in all the number of one hundred twenty-five there is recorded one in which the evidence of insanity was to an *experienced alienist*, more convincing than that of Hotchkiss' case. I, therefore, in view of all the facts connected with this deplorable case, declare it to be my sincere belief, that Erastus Hotchkiss was, at the time he killed his mother, in a state of unsound mind, and I think it proper that I should express my apprehension, that his insanity may prove recurrent. I am not indeed convinced that his recovery is yet complete. The turnkey informed me, just as I was passing out of the gaol, that the prisoners confined in the same ward with him, had recently complained that he is in the habit of getting out of bed at night, and whistling and dancing. I should hesitate to discharge such a patient from an asylum under my direction, for I have always thought it best, that, if insanity should recur, the relapse should take place in the asylum, and not at home.

I can not close this report without most earnestly pressing on the consideration of the Honorable Minister of Justice, the palpable unadvisability, if not great injustice, of hurrying through the trial of any prisoner, known, or supposed to be insane, before the defending counsel shall have had full time to become possessed of all the facts necessary for establishment of the truth. It is my conviction that had the defense of Erastus

Hotchkiss been conducted by an intelligent and zealous advocate, fully apprised of all the circumstances bearing on the case, and duly instructed in the medical jurisprudence of insanity, the prisoner would have been declared insane by his jury.

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NEW YORK. *Report of the State Emigrant Inane Asylum, for the year 1874; also a History of the Asylum, with all the available statistics from the year 1847.* Dr. EDWARD C. MANN.

There were in the Asylum, at date of last report, 187 patients. Admitted since, 135. Total, 322. Discharged recovered, 51. Improved, 58. Unimproved, 58. Died, 19. Not insane, 1. Total, 151. Remaining under treatment, 171.

NEW YORK. *Annual Report of the New York City Lunatic Asylum, Blackwell's Island, N. Y.: 1876.* Dr. R. L. PARSONS.

There were in the Asylum at date of last report, 1,077 patients. Admitted since, 445. Total, 1,522. Discharged recovered, 137. Improved, 53. Unimproved, 67. Not insane, 7. Died, 93. Total, 357. Remaining under treatment, 1,165.

The great difficulty under which the Institution labors is from overcrowding, a building erected for 660 patients, already holds almost double that number. During the past few years the ratio of increase of the insane, is said to have been greater than that of the population, and amounts annually, to about ten per cent. There are in process of building and projected, pavilions,

for the accommodation of the quiet and chronic class, sufficient to increase the provision for the care of 1,000 cases. This, however, will not be sufficient for the present number, much less for the future demands. There is no provision for the better care of acute cases. The lodge where they are kept, has no means of classification, and the noisy patients are constantly disturbing and annoying each other, greatly to their own detriment, and with the result of prolonging the duration of their excitement. The doctor recommends the erection of wards, especially adapted for their care and treatment. He makes other suggestions regarding necessary improvements in the institution.

PENNSYLVANIA. *Annual Report of the State Lunatic Hospital of Pennsylvania*: 1875. Dr. JOHN CURWEN.

There were in the Hospital at date of last report, 380 patients. Admitted since, 178. Total, 558. Discharged recovered, 36. Improved, 28. Unimproved, 43. Died, 35. Total, 142. Remaining under treatment, 416.

Dr. Curwen treats of the causes of insanity, especially such as are found to exist in the methods of rearing and educating children. He points out many defects in the bringing up of children, by parents, and in their instruction, by teachers at school. The doctor then indicates the principles which lie at the foundation of correct living and training, and enforces them by contrast with such as are too often and too generally adopted.

VIRGINIA. *Report of the Eastern Lunatic Asylum of Virginia*: 1875. Dr. R. BROWER.

There were in the Asylum, at date of last report, 294 patients. Admitted since, 72. Total, 366. Dis-

charged recovered 33. Improved, 8. Unimproved, 1. Died, 19. Total, 67. Remaining under treatment, 305.

NORTH CAROLINA. *Report of Insane Asylum of North Carolina*: 1875. Dr. EUGENE GRISSOM.

There were in the Asylum, at date of last report, 247 patients. Admitted since, 42. Total, 289. Discharged recovered, 16. Improved, 5. Unimproved, 4. Died, 14. Not insane, 1. Total, 40. Remaining under treatment 249.

Dr. Grissom recounts with evident pleasure, the progress made, in the passage of the act, locating a new asylum in the western part of the State, and making further provision for the colored insane. He devotes most of the space of the report, to giving an account of the improvements made during the year and to the future demands of the Asylum, not only for comfort and convenience in administration, but even for the safety of the building, and protection against fire. His account of the defects in the original construction, are sufficient to awaken the liveliest apprehension for its safety, and the lives of all the inmates. We give his own words:

I can not dismiss this subject without performing a painful task in holding up to public censure the contractors who executed this structure. In the progress of demolition for repairs, the most shameful inattention to their obligations as faithful workmen have been revealed. Walls have been built with brick of the poorest quality, including many that were only sun-dried, and evidently never burned at all, and while the mortar on *exterior* lines of brick is of fair quality, *within* the lime disappears almost entirely, and is replaced by mere clay. The flues are but a single brick, of four inches in thickness, and in dozens of places gaping crevices extend between the bricks entirely. At some points the laths were found charred and considerably burned for several feet in height, and a piece of scantling has been removed from a wall, several feet in length, a large portion of which has been burned by fire reaching

it through these crevices left by little less than an incendiary's hand. The neglect of the plainest architectural requirements, and the simplest dictates of common safety evinced by the cheap and dishonorable show of compliance with duty, endangering life and property, deserve the severest reprobation, and even at this late day, should awaken public indignation.

Cheapness and economy in construction will not make up for such criminal neglect, or rather for such a crime. It is, however, one of the risks which are always taken, when the principal consideration is, for how little can an institution be erected. It is the "penny wise, and pound foolish" system, which has even now too many advocates in cheap structures and cheap care.

OHIO. *Sixteenth Report of the Longview Asylum: 1875.* Dr. W. H. BUNKER.

There were in the Asylum, at date of last report, 575 patients. Admitted since, 195. Total, 770. Discharged recovered, 82. Improved, 34. Unimproved, 1. Died, 66. Total, 178. Remaining under treatment, 592.

There is no provision for the discharge of any patients from the Asylum, unless they are recovered or improved, and all classes are sent to its charge. There are now about two hundred idiots, imbeciles and epileptics. For their accommodation the recommendation is made to erect near the Asylum proper, new buildings adapted for their care. This plan contains the advantage of separating them from the insane, retaining them under the same medical charge, and of relieving the Institution from its excessive overcrowding. Steps have already been taken to carry out the proposed plan.

MISSOURI. *Annual Report of the Public Institutions of St. Louis County, including the Sixth Annual Report of the St. Louis County Insane Asylum: 1875.* Dr. N. de V. HOWARD.

There were in the Asylum, at date of last report, 307 patients. Admitted since, 110. Total 417. Discharged recovered, 35. Improved, 13. Unimproved, 23. Died, 23. Eloped, 2. Not insane, 1. Total, 97. Remaining under treatment, 320.

Dr. Howard reports favorably upon the use of Nitrite of Amyl, in reducing the number of epileptic seizures, though not in curing the disease. His experience is that it is especially useful in cases where the presence of an aura gives timely notice of the approaching seizure. In one case of *status epilepticus* relief was obtained. The doctor alludes to the death of the four patients, one man and three women, which occurred on the 13th, of August last, and followed the administration of a sedative mixture in which conium was a large ingredient. The facts with many comments, some only judicious, have been given quite freely both in the medical and secular press. Dr. Howard refers to the October number of the *St. Louis Medical and Surgical Journal*, for a full and detailed account of the whole affair. In this, frequent extracts are made from an article on "Conium" published in this JOURNAL, by Dr. D. H. Kitchen, giving the experience gained by its use in the Utica Asylum. We have only to add to that, that continued use of the remedy strengthens and confirms the views therein expressed. The dose said to have been ordered, viz., 43 drops of Squibbs fluid extract can not be considered a dangerous, or an over-dose. Had the directions of the physician been faithfully carried out, no such unfortunate result could have happened. The fatal error would seem to have been in placing in the hands of the night watchers a quantity

of such a mixture, and of allowing such latitude of discretion in its administration. All medicines and especially all sedatives should be sent to the ward in single doses, even if they are to be repeated. The importance of such a precaution could not be impressed in a more forcible and positive manner. The verdict of the jury, composed of six persons five of whom were physicians, was, that the patients had come to their deaths from overdosing on the part of the night watchman, and that the dose ordered was not excessive under the circumstances. The whole responsibility does not rest entirely upon the night watchman. It is in part a fault of a system of medication, in confiding to the judgment of irresponsible persons, such a delicate duty as the dispensing of strong sedative mixtures. The responsibility extends still further and includes the authorities to whom is intrusted the care of the institution, and reaches back to the people, who form that public opinion which allows such overcrowding of patients, as exists in that Asylum, an overcrowding which destroys all efficient classification and which results in the production of such a state of affairs as Dr. Howard reports when taking charge of the Asylum in March last. He says "I found the general health of the house rather below par, (mildly stated in view of what follows.) Over 200 cases of sickness, mostly mild in character, chiefly of a malarial type occurred in the first three or four months. I attribute the trouble chiefly to the fact that a large amount of plaster had fallen, leaving extensive holes in the ceiling and walls, which served as admirable nests for the accumulation of the virus of disease." The correctness of the doctor's view was shown by the fact that on proper repairs being made the sickness disappeared. Such a state of affairs needs no comment. It tells its own story.

WISCONSIN. *Fifteenth Annual Report of the Wisconsin State Hospital for the Insane: 1875.* Dr. A. S. McDILL.

There were in the Hospital, at date of last report, 347 patients. Admitted since, 160. Total, 507. Discharged recovered, 52. Improved, 53. Unimproved, 27, Died, 20. Total, 132. Remaining under treatment, 375.

Dr. McDill treats at some length of the character of the cases admitted, as regards chronicity of disease, and other complications which render the prognosis so unfavorable to recovery. He remarks that the good accomplished by hospitals for the insane can not be measured by the number discharged as recovered or improved, that "this is to be measured by the suffering relieved, and the comforts afforded to them for whom there is no hope of cure, who else would have been languishing out a miserable existence in the attic, the cellar, or some out building on the premises of the afflicted, overburdened careworn family, or in the cold, cheerless, and often fireless cell of the county jail." He makes some judicious remarks regarding the sensational stories which are so frequently reported concerning institutions and the treatment of patients therein, of the responsibilities and cares which surround those in charge of institutions, and lastly, of the wants of the hospital under his management.

WISCONSIN. *Third Annual Report of the Northern Hospital for the Insane, Oshkosh: 1875.* Dr. WALTER KEMPSTER.

There were in the Hospital, at date of last report, 250 patients. Admitted since, 101. Total, 351. Discharged recovered, 21. Improved, 26. Unimproved, 10. Died, 18. Total, 75. Remaining under treatment, 276.

The subject of heredity, occupies the attention of Dr. Kempster, and is treated of at some length. The

celebrated "Juke" family, whose history is given in full in the New York State Prison Association Report, is made the text.

It is the habit among a large class of writers, to refer to hereditary influence, much that belongs to the character of the individual, as formed by his own will and conduct. This produces a false sympathy for many "unfortunates" as they are called, who should be treated and held responsible for their evil deeds as criminals. Heredity has undoubtedly a strong influence, but it requires much skill and research to give it its exact position among the different elements which go to make up character. The statement that a certain criminal's father was a thief, does not account for the thieving propensity of the son, there is no such fatality in organization as this. The early training and associations, are far stronger than the paternal heredity. This fact is recognized in the "environment" of the individual in the report before us.

Dr. Kempster recommends the erection of additional wards for the care of the chronic insane, and asks for an appropriation of \$115,000, with which to provide accommodations for 230 patients of that class. Owing to a combination of favorable circumstances, especially the cheapness of material, estimates of the cost per patient have been made at \$500. They are not to be cheap structures, but the new wings are to be like the other portion of the building in all respects. It is in effect, enlarging the capacity of the Asylum, and thereby increasing the number of wards for classification. The condition of the chronic insane in the State, kept in jails and receptacles, is now attracting public attention; the plan of enlarging the Asylum, and receiving under the same roof, all of the insane of the district, is the solution of the problem, offered by the Trustees of the Institution.

A full description is given of the Institution as now erected. This shows that the effort made to add to the comfort of patients, and to furnish a hospital for the insane, complete in all its appointments, has been successfully carried out.

The doctor reports continued labor and progress in pathological researches, and asks for further appropriation in aid of this department. The reports of the Managers, Treasurer and Steward, would indicate that the affairs of the hospital had been conducted in a highly successful and satisfactory manner.

QUEBEC. *Report of the Quebec Lunatic Asylum: 1875.* Drs. J. E. J. LANDRY, and F. E. ROY.

There were in the Asylum at date of last report, 915 patients. Admitted since, 167. Total, 1,082. Recommended for discharge, 49. Claimed by relatives, 19. Transferred, 100. Escaped, 8. Died, 96. Total, 272. Remaining under treatment, 810.

The report, besides the statistical matter, contains a description of the burning of the Asylum, with the coroner's inquest, which were given in the JOURNAL for April, 1875.

REPORTS OF FOREIGN ASYLUMS.

Report of the South Yorkshire Asylum: 1874. SAMUEL MITCHELL, Medical Superintendent.

Twenty-Third Report of the Derbyshire County Lunatic Asylum: 1874. J. MURRAY LINDSAY, M. D.

Reports of the Royal Lunatic Asylum, of Montrose: 1875. JAS. C. HOWDEN, M. D.

Annual Report of the Warneford Asylum: 1874, J. BYWATER WARD, M. D.

Annual Report of the County and City of Worcester Pauper Lunatic Asylum: 1874. JAMES SHERLOCK, M. D.

Nineteenth Annual Report of the United Lunatic Asylum, for the City and Borough of Nottingham: 1874. WILLIAM B. PHILLIMORE, M. D.

Annual Report of the District Lunatic Asylum of Clonwell County, Tipperary: 1874. W. HASTINGS GARNER, Res. Med. Supt.

Annual Report of the Cork District Lunatic Asylum, of the City and County of Cork: 1874. J. ALEXANDER EAMES, M. D.

Report of the Hospital for the Insane, Gladesville, New South Wales: 1874. F. NORTON MANNING, M. D.

The Doctor reports that cases of *purpura*, notwithstanding the abundant diet and the free use of vegetables, milk, and fruit, due to the vitiated atmosphere of the overcrowded dormitories, have been very necessary. The few isolated cases seen in the more northern hospitals, as we believe, are due to the same cause. His opinion regarding the use of earth closets, after an experience with them of five years is very decided, "they are never without more or less offensive order, encourage the breeding of swarms of flies, and, except with the greatest care, would be an unbearable nuisance. On the establishment of a new asylum, however, I unhesitatingly recommend water closets in preference to them in any situation where a full and efficient water supply can be obtained."

TRANSACTIONS OF SOCIETIES, REPORTS AND PAMPHLETS.

Transactions of the Medical Society of the District of Columbia: July and October, 1875.

These consist mostly of reports of cases, followed by discussions and criticisms. It presents the advantages of clinical cases, and in addition the views of different

physicians. Pathological specimens were exhibited at the meetings reported, and a few papers read. These were of an eminently practical character, and contain much interesting matter.

Transactions of the Wisconsin State Medical Society, held in Milwaukee, June, 1875.

Besides the usual detail of each days proceedings, the transactions contain reports of special committees, on various medical subjects, and papers read by individual members. Among the latter, we find one on Puerperal Insanity, by Dr. R. M. Wigginton, Assistant Physician to the Wisconsin Hospital for the Insane, located at Madison. To the general practitioner whose experience with the disease is necessarily limited, it conveys valuable information, regarding the diagnosis, history, and treatment of the disease. To the asylum physician, rendered familiar with it, from the number of cases continually under care, this paper presents no new features, either in description, or in the medical and hygienic treatment. The transactions contain one hundred pages, are printed on tinted paper, but in type too small to be read with comfort.

Thirtieth Annual Report of the Executive Committee of the Prison Association of New York: 1874.

It is not possible for us to give in full, the statistics of the work done by this Association, in behalf of those received into the various places of detention, and of the inmates of the jails, penitentiaries and prisons of this State. The general agent reports that 5,654 prisoners have been visited, advised or aided. In 450 instances they were advised in their defense; 327 complaints were carefully examined, and 98 of them were withdrawn upon the recommendation of the general agent; 67 were discharged from custody on his recom-

mendation, and 196 were provided with counsel, who defended them before the courts. One of the most beneficent labors of the Association, has been the caring for discharged convicts. These have been supplied in different ways, many with clothing, others with means to support them for limited seasons, until they could get employment, and hundreds have been furnished it, in most instances, at points more or less remote from their former residences, in order to avoid the danger of renewing their evil associations. Others have been provided with tools, which has enabled them to obtain a livelihood. The Association has also assisted many convicts to reach homes offered them among friends, residing in remote States, who have expressed a willingness to care for them. It has also kept a number of families of convicts from destitution and suffering, and by forming a means of communication between the prisoner and his family, has done much to relieve anxiety, and promote the future welfare of the convict.

These acts thus briefly stated, are known to have been the instrumentality of reforming, and making useful citizens, of those who would otherwise have continued in their course of crime and vice. Another branch of their labor, has been the examination of the various county jails, by local committees, who by their reports are doing much to form public opinion in favor of providing comfortable, safe and proper receptacles for the confinement of prisoners, instead of the close, unhealthy, tumble down buildings, now dignified by the name of jails, but which in too many instances are a discredit to our civilization. The histories of individual cases showing the good results of the labor of the Association, in aiding and reforming prisoners, are of absorbing interest, and encourage deeds of beneficence toward the criminal class.

About fifty pages of the report are occupied by an account of the "Juke" family. This was prepared by R. L. Dugdale, Esq., one of the members of the executive committee. The history of this family is a special study of crime and pauperism. It has been investigated in the most thorough manner, and is an extraordinary example of industry and perseverance, in following out in minute detail, not only the genealogy but the private history of the individual members of a large family.

The "Jukes."—As the point of departure, and forming the first generation of the family which was found in the county jail, was a man who shall be called Max, born between 1720 and 1740. He is described as a hunter and fisher, a hard drinker, who became blind in his old age, entailing his blindness upon his children and grandchildren. He had numerous children, some of them almost certainly illegitimate. Two of his sons married two out of six sisters. These six sisters were born between the years 1740 and 1770; from what parents and under what circumstances it has been impossible to learn. Of one of them no reliable account was obtained, but the progeny of the remaining five has been traced with more or less exactitude through five generations, thus making the total heredity which has been enrolled stretch over seven generations. The number of descendants registered includes 540 who are directly related by blood, and 169 related by marriage or cohabitation; in all 709 persons of all ages alive and dead. * * * *

Besides these, 125 additional names have been gathered since the text of this report was prepared, and the general character of the adults is about the same as those already enumerated. If all the collateral lines which have not been traced could be added to the 709 here tabulated, the aggregate would reach, at least, 1,200 persons, living and dead. Now, out of 700 persons we have 180 who have either been to the poor house or received out-door relief to the extent of 800 years. Allowing that the best members of the family have emigrated, it would be a low estimate to say that 80 of the additional 500 are, or have been, dependents, adding 350 years to the relief, making an aggregate of 280 persons under pauper training, receiving 1,150 years of public charity. Great as this is, it is not all. In a former portion of this report, it was stated the pauper records cover 255 years, of which only 64 years could be

consulted, the difficulties of getting the remaining 191 years, being in most cases, insuperable. Allowing that these 191 years would yield as many years of relief as the 64 which have actually been searched, we should have an aggregate of 2,300 years of relief. Allowing 150 years of almshouse life at \$100 a year, the sum expended equals \$15,000, and for 2,150 years of out-door relief, at the moderate rate of \$15 a year, \$32,250, making an aggregate expenditure of \$47,250 in 75 years for this single family, 52 per cent. of whose women are harlots in some degree. * * * * *

Over a million dollars of loss in 75 years, caused by a single family 1,200 strong, without reckoning the cash paid for whisky, or taking into account the entailment of pauperism and crime of the survivors in the next generation, and the incurable disease, idiocy and insanity growing out of this debauchery, and reaching into the third and fourth generation. It is getting to be time to ask, do our courts, our laws, our almshouses and our jails deal with the question presented?

A Report on a Plan for Transporting Wounded Soldiers by Railway in time of war. With a description of various methods employed for this purpose on different occasions. By GEORGE A. OTIS, Assistant Surgeon, U. S. A. Washington, War Department: Surgeon General's Office. 1875.

This pamphlet of 50 pages is illustrated by a large number of cuts, showing the different methods employed in this country during the late war, and also by foreign nations for the transportation of wounded. Freight cars are mostly used, and the description of the various arrangements to make the wounded comfortable and to economize room, shows that much thought was bestowed upon the subject, and much ingenuity displayed. More frequently the patients were placed on the floor, previously covered with straw, hay, or pine boughs, or bed sacks filled with these materials. In other cases bunks were arranged in tiers along the sides of the cars, these were fastened securely by upright posts, or suspended by ropes, strong webbing, rubber rings or steel springs. In other cases stretchers were made with

springs on which the wounded were placed in the cars and conveyed to the hospitals or their homes.

Hospital cars were fitted up by different railroad companies and by benevolent associations and did good service during the war. It was found comparatively easy to transform passenger cars and adapt them for carrying twelve or fourteen patients; but the author says the main problem of utilizing the railway conveyances most likely to be available near the battle field, viz., the box cars of the supply trains, is not yet satisfactorily solved. The bibliography of the subject contains reference to the names of 75 authors of articles, monographs, &c.

Recent Increase of Mental Disease ; An Address to the North of Scotland Medical Association, at Aberdeen, by ROBERT JAMIESON, A. M., M. D., Physician to the Royal Asylum. 1875.

Dr. Jamieson believes in the increase of insanity, and that it cannot be explained away by any of the usual theories which are so generally put forward as showing that the increase is only relative and not actual.

Going back to 1840, when he first became familiar with the specialty, he says there were just seven Asylums in all Scotland, and now there are twenty-four, exclusive of eight private establishments, and the lunatic wards of more than a dozen poor houses. In 1844 there was one Asylum in Aberdeen containing 150 patients, now the Asylum supplying the same district contains 480 patients, having more than trebled in thirty years, while the population is not more than a third more numerous. There are besides three poor houses, with at least a hundred more insane, which did not exist then; the percentage of lunacy, by the last census, was one insane person to every 430 of the population, the previous census one in 530, and now it is surmised to be one in 300.

He mentions some of the causes which he thinks lead to this end. According to the late census there are more than 10,000 children under five years of age undergoing education in schools in Scotland and while he asserts that education ought to prevent insanity, he notices the effect produced by the general dissemination of reading: viz., moping habits, and weak mindedness in practical affairs. In many the mind is said to be seriously injured by being fed second hand on books, and by not exercising individual observation and reflection.

He then enumerates many influences which conduce to an increase of nervous diseases, bad habits, unhealthy customs, the use of tobacco, chloral and the list of narcotics and stimulants, and a growing tendency to turn night into day, all of these produce a degeneration of vitality in several classes.

Arachnoid Cysts. By J. CRICHTON BROWNE, M. D., F. R. S. C., Medical Director, West Riding Asylum. Reprinted from the *Journal of Psychological Medicine*, October, 1875.

Dr. Browne first gives a typical case of arachnoid cyst as found in the last post mortem case. He states that the statistics of the asylum show fifty-nine instances of this pathological condition; twenty-nine were in cases of general paralysis, sixteen in chronic disorganization, and the remainder in cases of senile atrophy, chorea, epilepsy, meningitis, Bright's disease, and phthisis.

As to localization of the cysts. In thirty-two cases they existed over both hemispheres; in fourteen on the left, and in thirteen on the right side.

Of the mode of origin, he takes for granted the truth of the proposition, that they result from extravasations of blood. This view is sustained by Prescott Hewett, Dr. Ogle, Dr. Wilks and Dr. Henry Sutherland, and is now almost universally admitted. As regards the origin of the hæmorrhage, after stating the

several theories to account for it, he offers the following: "If these cysts never appear until the disease is far advanced, (as he has found to be the fact,) until much wasting has taken place, it is fair to infer that they are drawn from some of the vessels which become over-distended when wasting is established. And the vessels which suffer most in this way are the great veins which run over the frontal and parietal lobes conveying the blood to the longitudinal sinus."

The doctor opposes his experience to the view that arachnoid cysts are of traumatic origin, but expresses the opinion that they are owing to a spontaneous laceration of a vessel owing to morbid changes and conditions.

Rules Governing the School for Nurses at Charity Hospital, Blackwell's Island, N. Y. And

A Lecture delivered before the Pupils of the School for Nurses, Charity Hospital, on "The Nursing of the Insane." By A. E. MACDONALD, Medical Superintendent, New York City Asylum, Ward's Island.

This system of rules affords instruction to nurses, as to the administration of remedies, and the treatment of the medical and surgical patients, as found in the wards of a General Hospital.

Dr. Macdonald has taken for the subject of his lecture "nursing of the insane." The difficulties and the peculiar duties devolving upon an attendant or nurse of the insane warrants this special treatment. In the lecture he rehearses these in the order of their prominence, and presents the most complete directions for the guidance of a nurse attending an insane person kept at home or in a private family. This is the special ground intended to be occupied in the address.

It is an admirable monograph and might be read with profit by all who have charge of institutions, or of the training of attendants, and the preparation of rules for their guidance.

Skæ's Classification of Mental Diseases. A critique by J. CRICHTON BROWNE, M. D., &c., &c. Reprinted from the *Journal of Mental Science*, October, 1875.

We can not give even an idea of this criticism of Skæ's classification, which will do justice to it. It is sharp, clear, and effective, and is a strong argument in favor of the usual classification of mental disorders. It shows the imperfections, and carries out to their logical conclusion the principles which underlie the proposed classification of Skæ. These are sometimes made to seem ridiculous, and again to be without any foundation in fact. The critique is spicy and interesting.

Morbid Appetites of the Insane. By W. A. F. BROWNE, Late Commissioner in Lunacy for Scotland. Reprinted from the *Journal of Psychological Medicine*, October, 1875.

The title fully explains the scope of the article. It is of interest in containing a collection of facts and instances, regarding the peculiar articles which are sometimes eaten by the insane, and as showing the wonderful perversion of taste.

The Richmond Asylum Schools. By D. HACK TUKE. Reprinted from the *Journal of Mental Science*, October, 1875.

Report and Correspondence relating to the Release from the Government Hospital for the Insane, of certain persons admitted thereto by order of the Authorities of the District of Columbia. Washington, Government Printing Office, 1875.

Tables Illustrative of the Practice of British Hospitals for the Insane, as regards the Superannuation of all Classes of Officers and Servants. By W. LAUDOR LINDSAY, M. D., F. R. S. E., Physician to the Royal Murray Institution for the Insane, Perth.

Two cases of Exophthalmic Goitre Associated with Chronic Urticaria, Illustrative of the Relations of the Nervous System to Diseases of the Skin. By L. D. BULKLEY, A. M., M. D., &c., &c. Reprinted from the *Chicago Journal of Nervous and Mental Disease*, October, 1875.

Relations of the Urine to Diseases of the Skin. By L. D. BULKLEY, A. M., M. D. Reprinted from the *Archives of Dermatology*, October, 1875.

New York Society for the Relief of the Widows and Orphans of Medical Men. Incorporated, 1843. 1875.

BOOK NOTICES.

Hospital Plans. Five Essays relating to the Construction, Organization and Management of Hospitals, contributed by their authors for the use of the Johns Hopkins Hospital of Baltimore. New York: William Wood & Co., Great Jones street. 1875.

Johns Hopkins, of Baltimore, left two millions of dollars, which have now become three millions, with an annual income of \$180,000 for the erection and establishment of a hospital in the city of Baltimore. To carry out his views a board of twelve trustees was appointed. To them was delegated the work of erecting a hospital which, in the words of Mr. Hopkins, "shall in construction and arrangement compare favorably with any other institution of like character in this country or in Europe." He further adds, "It will therefore be your duty to obtain the advice and assistance of those at home and abroad, who have achieved the greatest success in the construction and management of Hospitals."

In carrying out this wish of the donor, a circular letter was addressed to the five gentlemen who have prepared the essays, on Hospital construction, organization, and management, now presented to the public in the volume before us.

These gentlemen are John S. Billings, Assistant Surgeon, U. S. A., Norton Folsom, M. D., of Boston, Prof.

Joseph Jones, of New Orleans, Casper Morris, M. D., of Philadelphia, and Stephen Smith, M. D., of New York. All of them have had special advantages and may be considered experts upon the subject of which they write.

Dr. Billings and Dr. Jones represent the military experience of the late war. Dr. Folsom has the advantages of an intimate knowledge of the plans and methods adopted in the Massachusetts General Hospital, under his supervision. Dr. Casper Morris presents, as the basis of his paper, the plan of the hospital of the Protestant Episcopal Church of Philadelphia. Dr. Stephen Smith, of New York, has the advantage of years devoted to the study of sanitary science, and an intimate knowledge of all the hospital structures of that city. Regarding the nature of their recommendations we give the following condensed statement, copied from the *Boston Medical and Surgical Journal*:

Upon the interesting question of the relative merits of one-storied pavilions and of superimposed wards, the writers have decided but somewhat different notions; the weight of preference, however, is for the single-ward buildings. There is entire unanimity upon the superiority of permanent buildings to temporary barracks; all the advantages claimed for the latter are to be secured by the proper construction and administration of the former, while for special emergencies tents offer a ready expedient. In the matters of heating and ventilation, there is essential harmony of views; indirect radiation from steam-coils, supplemented by open fires, is the method generally recommended, while the methods for supplying pure air and for exhausting foul air show no noteworthy differences. Concerning the supply of light, the amount of air space, and the use of the pavilion-basements for ventilation only, there is substantial agreement. The arrangement of the administration buildings appears to have vexed the spirits and taxed the ingenuity of all the writers; the general kitchen seems the object of special opprobrium, for we find it now at the top of the center building, now at one side of the grounds in a detached house, now in the basement under the main structure, and now isolated in the center of the system.

The volume contains the latest, the most elaborate and matured views of these several writers, who are of acknowledged competence, and are therefore of great value, not only to the medical profession, but to the public generally. Had Johns Hopkins done nothing further for hospitalism in this country than the preparation and presentation of this work, he would deserve the thanks of all interested in the welfare of the dependent classes; but combine with this the magnificent benevolence he has exhibited, and he has but few equals among those who love their fellow men.

On Poisons, in relation to Medical Jurisprudence and Medicine,
By ALFRED SWAYNE TAYLOR, M. D., F. R. S., Lecturer on Medical Jurisprudence in Guy's Hospital, London: Philadelphia: Henry C. Lea. 1875.

The book is a revision of a former edition. It is not intended as a complete history of poisons, but as a manual for the use of practitioners. Only those articles have been introduced which have given rise to judicial investigations. The subject has been treated only in its relation to medicine and medical jurisprudence. The division of the work—after a general treatise on the subject of Toxicology, the absorption, action, and elimination of poisons, the symptoms and evidence of poisoning, &c.,—is into irritant, neurotic, spinal, cerebro-spinal, and cerebro-cardiac poisons. These are fully defined, described, and illustrated. Dr. Taylor has long been a standard authority upon medical jurisprudence, and especially upon this branch of the subject. In evidence of the estimation in which his work is held, we need but mention the fact that this is the third edition which has been called for by the profession. It is a good reliable work, which is an authority in courts of justice as well as in the physician's office.

A Text Book of Human Physiology, designed for the use of Practitioners and Students of Medicine, By AUSTIN FLINT, Jr., M. D., Professor of Physiology and Physiological Anatomy in Bellevue Medical College, &c., &c. New York: D. Appleton, & Co. New York.

The volume before us is condensed from the former edition of five volumes, and contains the most important matter, omitting bibliographical citations, and historical material. As a text book this will be the most popular, while the other will retain its position as a work of reference. It is illustrated with well executed plates which add to the interest of the subject. Many of these are new, and others are copied from the old authors, and show the perfection of the science in this particular branch at an early period of discovery. The work is well printed and fully up to the times in all respects. While it is a valuable text book for students, it meets the requirements of the busy practitioner.

The Treatment of Insanity in America.

The *London Lancet* recently published an editorial upon this subject which should not go unnoticed. The *Boston Medical and Surgical Journal*, and the *Philadelphia Medical Times*, have anticipated our intention, and each presented admirable editorials upon the subject, from which we shall take the liberty to quote. We are satisfied, however, that the article will receive a reply, probably in the *Lancet*, from one who has visited American institutions, and who *knows* whereof he may speak. Some of our English psychological brethren, are especially qualified for this task, and will be led to "put pen to paper," from a sense of justice to their American confrères, who are so villified, and whose institutions are so misrepresented in the article in question. The ignorance of the writer, regarding insane asylums, both at home and in America, is amaz-

ing, but we are more astonished, that in the number for December 4, *The Lancet* announces a commission of its own, to visit the lunatic asylums. It gives the following as the purposes of the inquiry :

To ascertain the general character and efficiency of the provisions made for the Insane in ASYLUMS, and the conditions of their daily life ;

To discover the measures, and, as far as may be possible, to formulate the system, of TREATMENT adopted for the cure of remediable or recent, and the relief of incurable, or chronic, cases ;

To collect and collate statistics of cases occurring within the last ten years, at the asylums visited, with a view to estimate the RESULTS.

We have no doubt that after they have *ascertained* the character of asylums ; *discovered* the measures of treatment ; and *collected* and *collated* the statistics, they will be in a better position to give opinions. The assurance, conceit and downright impudence, of such a self-constituted commission, is an insult to the "Commissioners in Lunacy," and the medical staff of every English hospital. We quote from the editorial of the *Philadelphia Medical Times*, December 25, 1875.

In the *London Lancet* for November 13, is an editorial on the treatment of the insane, in which much reference is made to American hospitals, written in that arrogant, supercilious, Pecksniffian tone, in which John Bull formerly so often indulged when discussing his cousins across the water.* The writer thinks there are two kinds of treatment of the insane still in vogue, the one "low and brutal," the other "humane." The gist of the article is a complaint, couched in no very gracious terms, and expressed rather by covert insinuation than by a fair and square charge, that, while his countrymen have chosen that better part, we are so insensible to the progress of improvement as still to pursue "the low and brutal" treatment of the insane, even in our hospitals. What it

* "Of all the sarse thet I can call to mind,
England *doos* make the most onpleasant kind;
It's you're the sinner ollers, she's the saint,
Wut's good's all English, all thet isn't ain't."

is, precisely, he does not specify. He does not charge us with using chains or traps, with beating or starving our patients, but asserts that, heedless of the great reform effected by Dr. Conolly, who abolished all mechanical restraint, we persist in the petulant use of muffs, wristers, and camisoles. This we suppose, is the bad and brutal treatment charged to us; and to the fact itself we certainly plead guilty. Mechanical restraint is used, more or less, we believe, in every hospital in the country; and long may it be before this mild and truly humane instrumentality is banished from our hospitals by force of a mawkish sentimentalism or a slavish subservience to popular clamor.

In view of our benighted condition, we shall try to be docile under the rod of our English brethren, for the smart is undoubtedly meant for our good; but the following is a little too bad for any common endowment of mortal patience: "Nothing has been more conclusively proved by the experience of an extended practice than that the treatment of insanity with restraints is neither rational nor scientific. It is as completely exploded, as the treatment of chorea by mechanical appliances. If the medical superintendents of American asylums resort to the old system, they do so in the face of patent facts, and their practice has no claim to be classed as medical, hardly can it be called humane." The writer complacently regards the practice of every civilized nation except Great Britain—the only one that has generally adopted non-restraint—as *proved* to be neither rational nor scientific. This proof, of course, is only his own opinion. There has always been, even in England, a strong dissent from the prevailing practice of non-restraint, and at no time have the signs of a great reaction been more obvious than they are now.

Where this critic finds the evidence of the bad and brutal treatment practised in our hospitals, as one of the fruits of restraint, we can not imagine, unless it may be in that veracious book of Mrs. Lunt, "Behind the Bars." The result of non-restraint in English hospitals, he might have found in those blue-covered volumes published every year, as the Reports of the Commissioner in Lunacy. On looking over our own pile, seven in number, we observe in all of them, with a single exception, some notice of what are gingerly called "Casualties," that happened during the year, in one hospital or another where no restraint was used. They comprise [cases of homicide inflicted by attendants or patients, suicides, burns, scalding, fractured ribs, black eyes and extensive bruises. Here is the way the record reads in the table of contents of the Twenty-sixth Report, (1871:)

"Casualties in Asylums and Licensed Houses:"

"Murder of attendant at West Riding."

"Homicide at Newcastle Borough Asylum."

"Homicide at Grove Hall, Bow."

"Death from fractured ribs at Nottingham Asylum."

"Death from ruptured kidneys, etc., at Hanwell."

"Death by burning of two patients at Haydock Lodge."

"Death by burning of patient at North Riding Asylum."

"Death of a patient at Hadham Palace from tetanus following burns."

"Death from scalding in a bath at Surrey Asylum."

"Death on the railway of a patient belonging to Colney Hatch."

* For the benefit of a man who thinks that "the time has passed when a modest consciousness of our own shortcomings, might restrain the impulse to remonstrate with the responsible managers of asylums in America," we will content ourselves with a few extracts from the Twenty-eighth Annual Official Report of the Commissioners in Lunacy, (London, 1874,) although we must say that we find in them from year to year *a good deal* that is melancholy reading.

"In the case of a female patient, * * who hung herself with a piece of tape which she had fixed to the casing of a water-closet door, some doubt arose whether the nurse in charge had been informed of this woman's suicidal disposition." (Page 29.)

"On the first of July it was discovered that he," (J. C.) "had fractures of the breast-bone, and also of three ribs on each side; * * upon *post-mortem* examination, it was found that on the right side, the third, fifth, sixth, eighth, ninth, tenth and eleventh, ribs were fractured, some in two or three places, and the fourth rib was detached from the breast-bone. On the left side, the seventh, eighth, ninth, tenth, and eleventh were broken and the fifth detached. There was a transverse fracture of the breast-bone, opposite the cartilage of the fourth rib on each side." He was a patient "often requiring to be held." (Page 30.)

"Apart from the case of J. C., and the fatal violence to which he was subjected, it appeared to us that there was strong evidence that the arrangements at the—asylum for the care and treatment of the impulsive and dangerous class of patients, especially in the male division, were very defective; * * and above all that it was of the highest importance that there should be more vigilant and constant supervision of these departments of the asylums by Dr. — and the assistant medical officers." (Page 31.)

* *Boston Medical and Surgical Journal*, December 9, 1875, pages 683-4-5.

"That a patient with strong suicidal tendencies, and apparently not violent, should have been placed to sleep in a single room at all, and especially in one offering such facilities for accomplishing his object, showed great want of ordinary precaution." (Note on a case of suicide, page 34.)

That the circumstances of one accidental death showed "both laxity of discipline and great carelessness." (Page 34.)

"An old man was found two days after his admission to have received fractures of two or three ribs on the right side. * * It appeared that he * * * fell or was put down, and that afterwards 'four or five of them' were about him and that he was pressed or knelt on." (Page 35.)

"We communicated to the medical superintendent our opinion, that there was grave laxity of supervision." (Note on an "accidental death," from scalding in a bath-tub, page 37.)

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"*Casualties in Asylums and Licensed Houses:*"

"Murder of attendant at West Riding."

"Homicide at Newcastle Borough Asylum."

"Homicide at Grove Hall, Bow."

"Death from fractured ribs at Nottingham Asylum."

"Death from ruptured kidneys, etc., at Hanwell."

"Death by burning of two patients at Haydock Lodge."

"Death by burning of patient at North Riding Asylum."

"Death of a patient at Hadham Palace from tetanus following burns."

"Death from scalding in a bath at Surrey Asylum."

"Death on the railway of a patient belonging to Colney Hatch."

* For the benefit of a man who thinks that "the time has passed when a modest consciousness of our own shortcomings, might restrain the impulse to remonstrate with the responsible managers of asylums in America," we will content ourselves with a few extracts from the Twenty-eighth Annual Official Report of the Commissioners in Lunacy, (London, 1874,) although we must say that we find in them from year to year *a good deal* that is melancholy reading.

"In the case of a female patient, * * who hung herself with a piece of tape which she had fixed to the casing of a water-closet door, some doubt arose whether the nurse in charge had been informed of this woman's suicidal disposition." (Page 29.)

"On the first of July it was discovered that he," (J. C.) "had fractures of the breast-bone, and also of three ribs on each side; * * upon *post-mortem* examination, it was found that on the right side, the third, fifth, sixth, eighth, ninth, tenth and eleventh, ribs were fractured, some in two or three places, and the fourth rib was detached from the breast-bone. On the left side, the seventh, eighth, ninth, tenth, and eleventh were broken and the fifth detached. There was a transverse fracture of the breast-bone, opposite the cartilage of the fourth rib on each side." He was a patient "often requiring to be held." (Page 30.)

"Apart from the case of J. C., and the fatal violence to which he was subjected, it appeared to us that there was strong evidence that the arrangements at the—asylum for the care and treatment of the impulsive and dangerous class of patients, especially in the male division, were very defective; * * and above all that it was of the highest importance that there should be more vigilant and constant supervision of these departments of the asylums by Dr. — and the assistant medical officers." (Page 31.)

* *Boston Medical and Surgical Journal*, December 9, 1875, pages 683-4-5.

"That a patient with strong suicidal tendencies, and apparently not violent, should have been placed to sleep in a single room at all, and especially in one offering such facilities for accomplishing his object, showed great want of ordinary precaution." (Note on a case of suicide, page 34.)

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CASE OF JACOB STAUDERMANN.

BY JOHN ORDRONAU, M. D. LL. D.,
State Commissioner in Lunacy.

Apart from any rational pathology of that circle of morbid manifestations, known under the generic name of epilepsy, the history of this disease is an instructive proof of that law of reciprocal action, between the nervous and circulatory systems, through which, any disturbance of proportion may influence either our mental power or our moral liberty. To what extent, therefore, states of latent or undiscovered epilepsy, may mould individual character, and shape its destiny, no system of physiology or even pathology has ever been able to describe. Why certain animals can not be tamed, under the most favoring circumstances; or certain races of men be made to accept conditions of a higher and more self-controlling existence, science has failed yet to explain. The ultimate analysis here, as in chemistry, leaves always behind, some one insoluble sediment. Outside of every circle, there is a still wider one expanding in diameter, until in imitation of the solar system we pass from the small elliptical orbits of the inferior planets, to the mighty hyperbolae of comets.

These analogies find a ready illustration in the field of epilepsy, than which there is no more difficult one to explore in the science of medical jurisprudence. Idiocy, mania, dementia, are plain and patent forms of mental obscuration, affording direct sequences of conduct from antecedent logical premises. But in some forms of epilepsy, although every salient symptom is marked, the man somehow seems less than his whole self, his personality appears disparted, and his behavior is at times in such glaring contradiction to the degree of his intelligence, and the law of moral government which he otherwise obeys, that his very identity becomes inconsistent with itself.

Professor Trousseau mentions some singular instances of moral abasement in epileptics, while in the recognized plenitude of intellectual health, and in the midst of the most restraining influences. Thus, a judge while holding court, rises from his seat, and in the presence of every one satisfies a call of nature against the walls of the room, then reseats himself without apparent consciousness of his offense. A scientific man leaves his desk three or four times in the course of a short interval, to go up and make his bed. A workman eating his luncheon, while passing through a street, plunges a knife into a passer-by, and resumes his way and his meal all unconsciously.* And among the pleadings of the great Chancellor D'Aguesseau, occurs that magnificent argument against the testamentary capacity of the Abbé D'Orleans, who was an epileptic, with at times, supervening mania, and who, when celebrating solemn mass, would suddenly leap over the balustrade of the altar. While a priest was administering the communion, and as soon as he said the *Ite, missa est*, would

* Vid, Trousseau, De la Congestion cérébrale apoplectique dans ses rapports avec l'Epilepsie. Bulletin de l'Acad, de Med. t. 26, 1860-1861.

order the people to get him a steak; or, in the middle of the mass, call aloud and repeatedly for a chamber-vessel.* Until, therefore, an epileptic's true malady is detected, we feel that he is a physical paradox, with only the varnish of a moral nature superadded, while even this latter is worn through in many places, leaving the quadruped instincts to exhale at every convenient opening. It is in such people that one finds the most pregnant illustrations of the doctrines of Mr. Darwin, since the least shimmer of passion, revives in them the unexpired embers of an aboriginal ferocity, which he would designate as the unbarred entail of a simian or lupine ancestry. Certainly, whether we accept his views or not, we are still compelled to acknowledge, that all forms of cerebral degeneration in men, tend ultimately to approximate them in feature as well as in conduct, to the lower animals. Ethnologists have remarked the change, in the shape of the mouth of savages produced by civilization, and in equal consistency the return of this deformity in civilized man when cerebrally deteriorated.

No one who has ever attended cliniques in the great hospitals of Europe can have failed to notice those preponderant types of physical degeneration, not yet markedly visible in our midst, which indicate a consecutive declension in ancestral vigor, running back through several generations. Goitre, in Switzerland, Pellagra in Lombardy, Leprosy in Naples, Purulent Ophthalmias and innumerable skin diseases of ireradicable tenacity in London and Paris, all combine to show the results of over-crowding, under-feeding and depriving of light and fresh air successive generations of human beings. The declining stage of these conditions so aptly described by Morel, in his *Déjénéréscences de*

* Vid, Evans' Pothier on Obligations, vol. 2, appendix, p. 553 and 62.

l'Espèce Humaine, expresses itself not alone in dwarfing of stature, rickets and struma in its protean forms, but lastly in idiocy, epilepsy, chorea and other associated nervous diseases. Such persons furnish recruits to the ranks of the criminal classes, because not being able to energize their will in opposition to their desire, they fall an easy prey to any instinct which prompts their action. In one sense they become criminal, because of weakness of mind not yet recognized as amounting to unsoundness, and therefore at law, not reckoned punishable. How close this relation of crime to epilepsy is, may be judged from the fact that at our State Asylum for Insane Criminals, in a population of about one hundred males, twenty-one are recognized epileptics. How many have the epileptic neurosis, masked under more acute forms of mental disorder, can only be conjectured. Taking even this single table of statistics, humble as it is, and we can not fail to see a law of moral deterioration accompanying epilepsy, which fully justifies the various names of superstitious import, given to it in ancient times. With Celsus, it was *morbus major*, with others of his day, *morbus sacer*, and with the church fathers it was demoniacal possession. Judging also from the general tendencies of physical deterioration to ultimately expend themselves upon the nervous system, there is presumptive evidence that this form of latent mental unsoundness is largely on the increase. The great amount of in-door life among the working population, brought about by the sub-divisions of the mechanic arts, the erection of large factories in every department of industry, and the necessary confinement therein of thousands of people in all our large commercial centers, has already began to tell fearfully upon the physical stamina of artizans. The impurity of the atmosphere breathed, whether rendered

noxious by chemical or mechanical substances, the persistent limitation or even absence of sunlight in the workshops and dwelling places occupied, all serve to constitute factors of deterioration, which beginning with parents, become multiplied in an ascending ratio, with every succeeding generation. Then also we have super-added to these, two among the most directly disturbing agents to the nervous system, which the economy of nature can furnish, viz: *tobacco and alcohol*, of the specific effects of either, as toxical, and therefore unphysiological agents, locking up the excretions and blocking the great emunctories, as in the cases of contracted kidney and hob-nail liver, this is not the place to speak. But we may incidentally, and as german to the subject of nervous degeneration, say that both distilled spirits and tobacco are of comparative recent use in Europe, and that the types of degeneration following upon their habitual consumption, are in marked contrast and extent with those observed before their introduction. Taking the sum of all these factors, and the results are not difficult to be found. The number of hospitals, almshouses and lunatic asylums, actually demanded to support the victims of artizan life in our populous centers, is largely in excess of that which a more wholesome living, whether as to occupation, diet or moral surroundings would produce. It is not so much nature as society that makes paupers, drunkards and lunatics, and of all single agents, alcohol is the one supreme Moloch which consumes the working classes in modern times, and yet is cherished by them as their best friend in hunger or affliction. Too truly sings the poet of health:

“Ah! sly deceiver—branded o’er and o’er,
Yet still believed! exulting o’er the wreck
Of sober vows.”

It is beginning to be noticed that we are receiving, among the waves of emigration to our shores, representatives of a type of degeneration, which we are too young nationally, yet to have produced. The hardy men and women, of the lands of Europe, serfs of the old world, accustomed to toil and frugality, are no longer coming in representative masses as of yore. But instead, the chronic pauper, the incurable malefactor, and those whose mental capacity is so weak as to catch at the advertising strains which represent ours as a land of indolence and gold. America is becoming in fact, a sort of international dust-bin, into which, the old civilizations sweep their human refuse. It is but a repetition of what similarly occurred in Rome, in its latter days, when, according to Tacitus, it became *colluviem illam nationum*, the cesspool truly of nations. All the effete material, sloughed off from the diseased members of the body politic abroad, finds its way here, and diseases and degenerations of a new complexion, begin to appear at our hospital clinics. It is from this broken down class of human beings, that the subject of this paper comes, being himself a type and specimen of a physical organization, inchoate at its inception, and destined to remain so throughout life. His stature^s was a pathological one at birth, a middle state between imbecility and stupidity, now seen under one aspect, now under another, and exhibiting an arrest of development, both physical and mental, with the demoralizing inheritance of epilepsy superadded.

Jacob Staudermann, whose name stands at the head of this memoir, has lately occupied public attention as a convicted murderer, under sentence of death. He is twenty-six years of age, was born in the Grand Duchy of Hesse Darmstadt. His father was a shoemaker in Wendelsheim, where he lived in the humblest way, occu-

pying a few rooms for manifold purposes, and bringing up two sons and two daughters. According to all accounts, the family lived constantly on the borders of penury. Every member of it, save the father, being diseased and degenerate. The mother was a life-long epileptic, with mania supervening at times; had fits almost everywhere, in-doors and out; was considered insane by her neighbors, and followed by the town boys as a daft woman; once threw herself into a well, and finally died in the midst of an epileptic seizure. The diet of these people was of the most crapulous character, and possibly had been so among their ancestors. Their quarters were narrow and uncleanly, and everything is represented as characteristic of squalor. From such a maternal *stirps* sprang Jacob Staudermann, and such is the indefeasible law of physical inheritance that this epileptic mother, transmitted her disease to every one of her four children. One daughter has already died in an epileptic seizure, the other has them frequently; Jacob had them throughout his youth, and his brother also suffers in the same way, although in both sons it has since puberty, assumed the larvated type.

Starting with this bad legacy resting upon an insane neurosis, Jacob became like his father, a shoemaker. At sixteen years of age, he fell from a barn and fractured his skull; the blow was received on the convex portion of the frontal bone, to the right of the sagittal suture, and must have penetrated to the brain. Something in the nature of a false *contre-coup* must also have occurred, as there is a visible depression at the junction of the parietal and occipital bones of that side. He was confined to his bed for four months, during two of which, he was constantly delirious, and it was fully a year, before he resumed his duties about home. Soon

after this he was drafted into the annual conscription, but upon due physical examination was rejected, both on account of epilepsy, as well as fracture of the skull. He remained at home until his twenty-fourth year, working as a shoemaker, and always looked upon by his neighbors as an imbecile. About two years ago he came to the United States, when he settled in New York City, as a journeyman shoemaker.

For some time after his arrival, he boarded in the house of a Mr. Siedenwalt, along with several fellow mechanics. The host had a daughter, Louise, who is represented as having been extremely beautiful, with her Staudermann began what he considered a courtship. It is evident from all accounts that the girl felt herself his superior, both in mind, as well as social position, and that she never seriously thought of anything like marriage with him. He was the target of ridicule for the whole house, and this young girl may have lent herself to the joke of appearing to encourage his addresses. Whether she did so or not, he at least took every smile in good earnest, and became greatly excited about it. Now she would appear to listen, then again to spurn him, and so this poor imbecile, with his epileptic neurosis, keeping his cerebellum aglow, and his habits of self-abuse perpetuating the oscillations of his nervous system, went on, growing more and more excitable and diseased.

For what cause he was led to change his boarding place, does not appear. He did so about a year before the commission of the homicide, continuing to call at intervals upon Miss Siedenwalt, and being treated by her with no apparent change, either towards an increase or diminution of their acquaintance. Relations of suspected courtship between persons, being always under the common law of society, *res communis*, it was

very natural that all Staudermann's friends should make this the chief staple of conversation, with a man of such limited intelligence as he. Hence he was incessantly joked and jeered about it, and super-serviceable female friends, as usual, offered all kinds of advice, as how best to proceed to entrap the coy Diana of his affections. In return, his own feelings were kept on such a rack of erotic excitement, that wherever he went he spoke of nothing but his lady-love, exhibiting such apparent intensity of emphasis, as was inconsistent with his habitual moodiness, and having been heard to say even that he would shoot her, and then himself, if she would not marry him. Knowing him to be an awkward imbecile, such exhibitions of pathos, only created merriment, and stimulated the thoughtless to fan the flame of sentiment in him. It is charitable to believe that they could never have anticipated the fearful tragedy, which they were thus unconsciously preparing him to commit, nor that the young girl herself knew on how dangerous a precipice she was walking. The disposition to flirt with, and subsequently scalp confiding men, would seem to be an inherent impulse in the daughters of Eve. Under whatever sky born, or wearing whatever complexion the sun's rays may have impressed upon her, the unmarried human female, is everywhere *varium et mutabile semper*, and this unfortunate young girl was no exception to the general law. She was born to flirt, and she flirted. But flirting with ordinary men, under the constraints of company behavior, is a very different thing from flirting with an imbecile epileptic, swayed by erotic impulses, and carrying a pistol in his pocket, and the sequel proved it to be so.

During all the foregoing time, Staudermann had not mingled freely with the friends of his youth, who had

emigrated here, but on the contrary had been distant, moody and taciturn. They did not often see him. Indeed several had not seen him for a year previous to the homicide, and his habits of avoiding them, and secluding himself were looked upon as a part of his imbecile and unsocial disposition. They knew the history of his family and his own, and never had but one opinion of his mental weakness. It was mostly with strangers to these facts that he consorted, while they also soon discovered that he was "daft," they did not know of his family history or of his own epilepsy, but looked upon him as a poor fool good enough to cobble shoes or do drudgery. For one witness testifies, that in return for a chew of tobacco, Staudermann blacked his boots for a whole month. Another states that he would break out into the most sudden and inconsequential violence over trifles, and had been so from his youth. Another had seen him, after the fracture of his skull, delirious for two months. Others again testified that he would suddenly and abruptly jump up while visiting friends, seize his hat, and without uttering a word rush from the room. He was considered by some of his friends as a dangerous fool, even before he was known to carry a pistol. He had, in fact, all the *indicia* of an unbalanced mind, to the simplest observer of his actions. Then things went on slowly but inevitably ripening for that bloody catastrophe, which finally brought him into the clutches of the law.

On Monday, the 19th of April, 1875, Staudermann announced to his employer's wife that he was going that evening to see Miss Siedenwalt. He accordingly dressed himself in his best clothes that afternoon, sent out for some lager beer, and after drinking a couple of glasses sallied forth. It seems he must soon have forgotten the purpose of his going out, for in a short time

he returned and resumed his working suit. On being asked why he had not called upon his lady-love, he made no reply, but did not go back to his work. He went in and out of the shop several times in the afternoon, and again after tea, still wearing his old clothes. This was the last they saw of him until after his arrest. At about eight o'clock that evening, Miss Siedenwalt accompanied by a young girl and a young man, stepped out of a Fourth Avenue car. Staudermann who happened to be on the spot at once approached to speak to her, as soon as she saw him she turned away towards her companion, and made a face of contempt at him, whereupon he was seen to draw a pistol and shoot her. A boy who stood facing him diagonally, and witnessed the shooting, says that Staudermann was ghastly pale, and his eyes had a fixed stare which frightened him. After shooting her he stood still until arrested by a policeman.

His trial occurred in October, but so reticent had he been towards his counsel, that they were never informed by him of his family history, or enough of his own upon which to make a methodical defense. The disadvantages under which they labored may be inferred from the circumstance that they were unable, from any information communicated by him to call more than *two* witnesses as to facts occurring previous to his arrest. So tamely was the defence of insanity interposed that the district attorney considered it as hardly worth noticing, and the jury promptly brought in a verdict of homicide in the first degree. The prisoner was thereupon sentenced to be hung on the 10th day of December following.

Some weeks after his conviction, his counsel received a note from a person in Connecticut, stating that he knew a man there by the name of Staudermann, who

wished him to inquire through the prisoner's counsel whether Jacob had ever spoken to him of having a brother? This was a new fact to counsel who made the inquiry and ascertained that it was so, though why the prisoner had not mentioned it before was never ascertained. Pending these events, and during the period of Staudermann's incarceration in the city prison his manner and habits had attracted the attention of the warden and keepers to such a degree, that from their long familiarity with criminals of every class and complexion, they did not hesitate openly to express their distrust of his sanity. Those occupying the same cell with him begged to be removed, complaining of his disgusting habits, as an unblushing masturbator, who practiced his vice with such frequency and publicity daily as to excite the deepest loathing, and even assistant keepers saw him in the act, all indifferent to their presence. His room-mates also complained that he made strange noises in his sleep, which was at times lethargic, and accompanied by stertorous breathing, that he would be found walking the floor in his sleep, and when shaken did not wake to a consciousness of where he was for some time, also that he complained of strange sights at night, and pointed to them on the wall. He was generally moody, morose and silent, and again at times irritable and violent without just cause. Thus, on the day of his conviction, when upon his return to prison the chaplain visited him, he broke out into the most uncontrollable profanity and abuse, charging him with having secured his conviction, and of being a devil. Such were the facts accumulating around the prison life of this man, when his brother arrived from Connecticut. These brothers had not met for over a year, and as they did not correspond, neither knew of the other's whereabouts. Immediately upon

being told of the facts in Jacob's case, his brother then proceeded to detail the history of the family, and to give names and dates through which his statements could be verified. But there being no legal ground upon which to demand any stay of proceedings with reference to obtaining a new trial, his counsel petitioned the Governor to issue a Commission of Lunacy to inquire into his mental condition. Accordingly on the third day of December, the Governor granted a respite of three weeks to the prisoner, and at the same time appointed the author of this article and Dr. James R. Wood, of New York, a Commission to inquire into his mental sanity. Acting under this authority, the Commissioners began their labors on the eighth of December and continued them until the thirteenth. During this time they examined, besides the prisoner, *twenty-four* witnesses, twenty-two of whom had never previously testified in the case. Certificates from the municipal authorities of Wendelsheim were also put in evidence, corroborative of facts already stated by witnesses, and tending to complete the chain of family and personal history relating to Staudermann. Among these witnesses was the brother of the prisoner, a young man who bore upon his face the indelible type of an epileptic neurosis, and whom it was ascertained had exhibited in the past, and still continued to exhibit an instability of conduct which requires that the friend, at whose house he tarried while in New York, should watch him at night. Although this witness denied that he ever had "fits," it was very evident that he did not know the truth about himself, nor is it any more likely that he understood that his nocturnal seizures were cerebral rather than spinal. He admitted being very nervous. The physical examination of the prisoner revealed proofs of all the facts relating to fracture

of the skull, and the most thorough epileptic neurosis, and exhibited also a rational pathological basis upon which the testimony of the witnesses vindicated itself in every particular. The conclusions were deductive, the explorations into the physical causes which should underlie such manifestations were inductive, and the synthesis which resulted, found an accurate representation in the person of the prisoner. All the component parts of ancestry—surroundings—mode of life—mechanical injuries—habitual vices, presented a series of degenerating elements of character, which could produce but one consequence when personified. Of that debased consequence the prisoner was the incarnation. Thus he is of short stature—over-large head—broad, high shoulders—bow-legged, and walks unsteadily upon the outer edges of his feet. His limbs and trunk are unsymmetrical, and border upon the general character of a dwarf's. When he rises to walk he starts off with an unsteady rolling amble as though he had no power to stiffen the knee. He can not walk with his eyes shut without experiencing vertigo, also when he looks up, complains of circular abdominal constriction, lancinating pains in his thighs, alternating with prickling and numbness of legs and feet, shows great spinal tenderness over the brachial and lumbar plexus, and has sudden cramps seizing him at the pit of the stomach, accompanied by flushings of heat, and shortness of breath, during which he forgets what he is about. His complexion is tallowy, his skin dry and scurfy, except in the palms of the hands, which are clammy. His pupils are somewhat contracted—not sensitive—and he has a peculiar look of unconscious anxiety, as though constantly obsessed by some internal irritation. He admits committing self-abuse seven or eight times a day since in prison, (some six months).

but denies practicing it before. His appetite is fair, his sleep irregular and disturbed by dreams. He also has hallucinations at night, during which he sees, as he has ever since his skull was fractured and meningitis supervened, imaginary pigeons on the wall and about the room. He reads the papers, but when questioned can not answer at once. His mind appears confused, when first called upon to perform any effort requiring reflection. Such is the physical history of the prisoner as he appeared under examination. When asked to describe the shooting of Miss Siedenwalt, he said he could remember nothing of it. That he went out on that evening in his shop clothes to buy a neck-tie, and saw her, unexpectedly to him, step out of a street car. That he approached to speak to her, and when about to do so she made a face at him and turned away, that then a sudden pain seized him at the pit of the stomach and he felt as though he was stabbed through, that the pain ran around and through his bowels, and his head went around, and he remembers nothing more until he found himself standing with his pistol in his hand and a policeman seizing his arm. That he felt suddenly "good" then and free from pain. He expresses no deep contrition at his act, though he says he is sorry he did it, because he did not intend it. Being asked why he had so long carried a pistol, he replied that a man, (who subsequently killed another) came into the shop and threatened his life unless he gave him a pair of boots; that he then armed himself against future risks of that kind, but soon determined to sell the pistol and carried it about with him, offering it for sale wherever he thought any one might buy it; that his threats of taking Miss Siedenwalt's life unless she would consent to marry him were never real, but only intended to frighten her, and that he does not remember drawing

the pistol or shooting her, when he did so. Such was the substance of his own testimony.

The legal points upon which Staudermann had been convicted, were such as no jury could have failed to find a verdict upon, against the defendant. For, in the first place, the shooting was directly proved; second, he was known to have made threats to do it; third, he was known to have carried a pistol; and fourth, he was not shown to be insane. What stronger elements of crime could possibly be brought into any homicide than this? Until the discovery of the pivot of insanity, upon which his whole life had revolved, no one could have contradicted the justice of his conviction, or doubted the correctness of the conclusions judicially affixed to each step in the history of his tragedy. He was a rejected lover, therefore he was revengeful, he carried a pistol and made threats, therefore he premeditated a homicide; he shot Miss Siedenwalt, therefore he *feloniously intended* to do it, and did it knowingly. Such is the law of murder when applied to sane minds, let us see how it applied to his.

The evidence of his past life, as it was testified to by twenty-four witnesses, shows what his physical inheritance was, and how that perpetuated neurosis of epilepsy which crops out in some form in each succeeding generation, had already slain one sister, was tormenting another, and in a larvated form, preying both upon him and his brother. The most casual acquaintance of a few weeks, had not failed to discover that he was deficient in mental strength, and although they were not able to detect the latent insane neurosis which brooded over him, they yet thought him little else than a natural fool, to be laughed at and avoided. That he made threats, can not be disputed, but even these were contingent upon an event, which was not fully substan-

tiated to his mind, when he shot his victim, for he had not been to see her on that day, and instead of feeling himself absolutely rejected, he on the contrary appeared gay, and looked forward to meeting her with pleasure. Nevertheless so vacillating was his mind, that after dressing himself in the afternoon in his best suit, he goes out, speedily returns, and again dons his working clothes, although evening is approaching. There was no evidence that he either saw Miss Siedenwalt that day, or knew that she was going out that evening, or least of all had any intimation of the *direction* in which she was going. He could in no sense, therefore, be said to have laid in wait for her. And as for entertaining any feeling akin to malice, there was no evidence of it in anything he had previously said or done, for he had never made any threats to her personally, but only to others, to whom perhaps, he wished to magnify himself gradiloquently in imitation of the *pistareen* hero of some melo-drama, which he had witnessed on the boards of the Bowery theatre. The upper classes of society, who study the anatomy of sentiment, in the writings of novelists, and carry unconsciously the infection of their idealizations into their own personality and conduct, can not realize how much of the same form of effect is produced upon the minds of the vulgar, the ignorant, and consequently the weak, by the impersonations of character, witnessed upon the stages of our low theatres. It is often there that the first germs of vice, violence and crime, enter the hearts of the impressionable, and as the lower classes have no checks to arrest their moral descent, in the forms of love of reading, superior companionship, and the controlling guidance of social position, they readily catch at and imitate whatever they see finds favor with men, even though it should be gilded crime or moral shipwreck.

There is indeed no evidence that Staudermann was a habitual frequenter of theatres. Still, from the theatrical manner in which he made the threats of shooting Miss Siedenwalt and himself, in case she refused his hand, I can not think that in a mind like his, the idea was original. Then, as to the act of shooting itself, there can be but one rational explanation. Miss Siedenwalt suddenly and unexpectedly stepped out of a car in his presence, he goes forward to greet her, all excited and expectant, she makes an ugly face at him there in public and turns away. The shock to his epileptic constitution, already weakened by disease and long sexual erethism, precipitates a seizure upon him. An epileptiform vertigo catches him, and with a sharp thrust its aura sweeps him out of all consciousness. Could he be said to know what he did, to intend what he did or to prevent what he did? Assuredly not, he was as automatic then as a wooden puppet, moved by the unseen hand of its exhibitor. He was wholly without legal capacity to act as a free moral agent, for his mind was under complete duress. He was simply the unconscious perpetrator of personal acts in which his will had no part. In other words, he was like every madman, "out of the state," and the doctrine of an *alibi* could be applied to his mind, as not being morally present to assent to the commission of his act. Assuming even, that previous threats proved premeditation, it did not still follow that the shooting was voluntary on his part. And in view of the epileptic vertigo, within whose circle he accomplished it, there could be no doubt of his legal incapacity to commit a crime. Under these circumstances, the Commissioners, although not specially instructed to do so by the language of the commission given them to execute, carried their inquiry into the question of mental sanity, as far

back as it could be traced, because, in the language of the great Chancellor hereinbefore quoted, "in these interdictions, nature anticipates the office of judge; it is she, properly speaking, who pronounces the interdiction, the judge only declares it, and renders it more solemn." Accordingly, after exhausting every source of information within their reach, they proceeded to declare their conclusions in the following report:

[COPY.]

STATE OF NEW YORK.—CITY AND COUNTY OF NEW YORK: SS.

In the Matter of Jacob Staudermann, an
alleged Lunatic, now under sentence
of death.

To the Hon. Samuel J. Tilden, Governor of the State of New York:

SIR:—The undersigned, a Commission, appointed by you to inquire into the mental sanity of Jacob Staudermann, now confined in the City Prison of New York, under conviction for an offense for which the punishment is death, respectfully present this as their

REPORT.

From the judicial history of the case, it appears that the prisoner was convicted of the felonious homicide of Louise Siedenwalt, at a Court of Oyer and Terminer, held in and for the County of New York, on the 20th day of October, last past. That upon said trial, only *two* witnesses testified on behalf of the prisoner, as to facts occurring previous to his arrest. That subsequently to such conviction, as aforesaid, new evidence was discovered, relating to his early life and general family history, and bearing more particular upon the question of his mental sanity. This evidence, had it been known at the time of the trial, would have justified the defendant in interposing the plea of insanity, as his whole defense upon arraignment, and being material and relevant to the issue thus tendered, would have justified the court in appointing a Commission of Lunacy, to pass upon its merits, pursuant to §30 of Act 2, of Tit. 1, of Chap. 446, of the Laws of 1874.

Your Commissioners further report that their proceedings were duly entered upon at the City Prison aforesaid, on Tuesday, the 8th of December, inst., by publicly reading the commission issued to them for execution, and examining witnesses, and the prisoner under oath. That they have, in fulfilment of such duty, examined twenty-four witnesses, exclusive of the prisoner, twenty-two of whom, had never previously testified in the case; that two municipal certificates issued under the hand and seal of the Mayor of Wendelsheim, in the Grand Duchy of Hesse Darmstadt, were also admitted in evidence as corroborative testimony; and that they also examined the prisoner, Jacob Staudermann, both physically and by oral interrogation.

From all which facts now in evidence before them, it appears that Jacob Staudermann is a native of Wendelsheim, in the Grand Duchy of Hesse Darmstadt, and about thirty years of age, and that he came to this country about six years ago. That his mother was a epileptic throughout life, and generally regarded as mentally unsound by her neighbors. She died in an epileptic fit. That two of her daughters were similarly affected, one of whom has already died in the same way as her mother. That Jacob Staudermann was a sickly child, suffering in youth from epilepsy, like his sisters; that he was always very irritable even when playing, and had the peculiar pallid complexion, incidental to his nervous disease. That he had frequent tremors of a convulsive kind when the least excited, and also hallucinations of sight, during which he saw imaginary pigeons, and that his father was heard to say, he wished the child was dead, as he took after his mother. All the facts are supported by cumulative testimony obtained from neighbors, whose character is also vouched for by competent witnesses.

It further appears in evidence, that at or about the period of his sixteenth year, Jacob Staudermann met with a fall from a barn, by which his skull was fractured, and his brain seriously injured. He was in bed for four months, during two of which he was generally delirious, and it was a year before he recovered sufficiently to resume his duties about the house. On account of these injuries to the brain, he was, after due medical examination, exempted from military service. These facts, together with the epilepsy of his mother, are officially certified to by the Mayor and Town Council of Wendelsheim, and which certificates, with all the minutes of testimony, taken upon these proceedings are hereunto annexed as the record of our execution of this commission.

And it further appears in evidence, that since his residence in this country, Jacob Staudermann, whether to his old neighbors who

who have emigrated to this city, or to his new acquaintances formed here, has always appeared strange in conduct and demeanor, foolish in his conversation, and irascible and violent without provocation. That in consequence, he was generally regarded as one who might be dangerous, because unreasonable in his judgments, and without evident self-control in acting under their influence. That he had no apparent capacity to measure the effects of his own conduct, as shown by the overpowering violence with which he would at times reply to the most trivial criticism upon himself or his clothing. And that they did not care about keeping up any acquaintance with him on this account. He himself appears to have withdrawn from the circle of his old acquaintances, so that at the time of his trial, the existence of even his brother was unknown to his counsel, to whom also he gave no information touching his friends. He retained throughout the six months he was in prison, preceding his trial, the same moodiness and taciturnity.

The evidence further shows, that he was never really engaged to Miss Siedenwalt, that he imagined himself to be so, and that, through the influence of his epileptic constitution, and the grossest practice of self-abuse, his brain was in a state of continuous erethism, and his mind as constantly revolving about the idea of marriage with her. Wherever he went, he spoke of nothing else. And he became so unreasonably excited when doing so, as to speak openly of shooting her if she did not consent to marry him, and even exhibited a pistol, while so speaking, to one or more witnesses. His account of the homicide is imperfect as to details, but tallies logically with the action of an unbalanced mind, thoroughly infected by inheritance, dwarfed by the progress of brain disease, and inflamed by the chronic irritation of sexual organs, never permitted to rest.

The act of shooting was simply the phenomenal expression of an epileptic vertigo. He correctly describes the invasion of the attack, and properly localizes it—then, all was gone—he saw nothing—remembers nothing—and when he came to, and “*felt right*,” the act was done. He says he felt sorry afterwards—says so now, but exhibits none of that grief or deep conviction of its fearful character which is akin to penitence. His mind has not enough intensity of power to localize itself upon any one idea or to perform acts of self introspection. Disease has degraded him too far for that.

The medical examination of the prisoner shows that he is a man of low organization and arrested physical development. He is

undersized with unsymmetrical trunk and limbs; and has the epileptic complexion with the characteristic expression of the eyes. His intelligence, measured by the ordinary incidents of a shoemaker's life, reveals nothing striking in itself. It is possibly neither higher than many, nor lower than some. But his memory has that defective character which belongs to a grade of imbecility not purely congenital but acquired through and added to by a life-long heritage of degeneration. He is in habits extremely loathsome and disgusting; publicly practices self-abuse, and admits it without either shame or penitence. This is collateral testimony to his mental weakness and moral abasement. His head exhibits the scar left by the fracture of his skull in youth, and he also has hallucinations of sight at times. He has an unsteady gait, and otherwise reveals obscure symptoms of that form of paralysis known as *locomotor ataxy*. He is in every sense a being degraded by disease, and uncontrolled by sufficient powers of mind to appreciate duty, either to himself or others, as a moral obligation entailing responsibility.

From all these facts and findings we are of opinion that the prisoner, Jacob Staulermann, when he shot Miss Siedenwalt, was without legal capacity to commit felonious homicide, that he did not know the nature or consequences of the act he was committing and was impelled to it by a diseased state of body, wholly subjugating his mind. We are further of opinion, that he is an imbecile, the result of such disease, and when moved to any efforts involving the exercise of his moral affections, is swayed alone by instinctive impulses.

We find him accordingly to be insane and irresponsible within the letter and intent of the statute under which we are acting.

All of which is respectfully submitted.

Signed,

JNO. ORDRONAU, }
JAS. K. WOOD. } Commissioners.

Dated, New York, December 15, 1875.

After reading this report to the Governor, the question then arose as to the final disposition of the prisoner. It was conceded at the outset that he was not amenable to the highest penalty of the law, and his sentence of death was accordingly remitted. But a more difficult problem was that of determining what

should be his future place of detention. Under existing laws, the Governor can not commit a prisoner under sentence of death to any State Lunatic Asylum without rendering such commitment equivalent to a pardon in case the person afterwards recovers. So that although the insanity should only supervene after the sentence, and last but a few months at longest, there is no provision by which the prisoner can be remanded to the county whence he came, to be re-sentenced. Although Staudermann's insanity preceded in fact, both his crime and his conviction, as shown by the Commissioner's Report, the Governor did not feel authorized to commit him to an asylum, and thus nullify a verdict to which, in the light of the evidence, adduced upon the trial, no exception could be taken. The questions which here offered themselves by way of solving the problem were these, viz:

I. What is the present state of health, bodily and mental of the prisoner?

II. Does he now need special treatment in an asylum.

To the first question, the Commissioners answered, that the bodily and mental health of the prisoner were susceptible of improvement under a proper system of occupation, diet and removal from all sources of excitement.

To the second they replied in the negative. While it was true that he was an epileptic, yet he did not exhibit the spinal form of that disease. He had never been known since his advent to the United States to have such a convulsion, and although the marked manifestations of epilepsy were never absent from his daily life, he was not irrational or without general self-control. He could not, therefore, be said to have yet arrived at that condition of diathetic permanency neces-

sary to constitute complete insanity at law. His was a case of what courts have always termed partial insanity, and his status was akin to that of the habitual drunkard who kills while in the delirium of *mania á potu*. He was doubtless without legal capacity to commit murder when he killed Miss Siedenwalt, but his health was no better and no worse immediately before or after the act, and no commission of experts previous to his arrest would have certified him as a fit subject for a lunatic asylum. He simply exhibits a form of imbecility, based upon an epileptic diathesis, in which strong animal propensities may bring on at any moment a convulsion, both mental as well as bodily. While leading a quiet mechanical life he might never show any disposition to do harm to others or himself, if kept free from passional excitement, and had there been an Asylum for Epileptics in this State, the Commissioners would have recommended his removal to it. As it was they did not undertake to decide for the Executive, but left the final disposition of the case solely to his judgment.

Upon this statement of facts, and under the necessities of the legal conditions surrounding the prisoner, the Governor commuted his sentence to imprisonment for life. Should Staudermann's condition hereafter deteriorate in prison, he can, under the statute, be at once removed to the State Asylum for Insane Criminals at Auburn.

PROBATIONARY LEAVE OF ABSENCE.

BY HENRY LANDOR, M. D.,

Superintendent London Asylum, London, Ontario.

In the discussion, at the Auburn meeting of the Association, on a case of recovery related by Dr. Barstow, Dr. Baldwin of the Staunton Asylum, Virginia, said that the late Dr. Stribling made large use of the system of furloughing patients, which, in his hands, answered admirably, and led to the discharge of patients. He quoted two cases.

Dr. Bucknill, on being appealed to, said the system of allowing patients out on leave had worked exceedingly well, especially with convalescents. He said, in answer to a question whether there were no cases in which violent demonstrations took place, that there were, but that he would not keep a patient in an Asylum forever because he might sometimes be violent.

I stated that by our rules we were at liberty to discharge, having previously granted leave of absence for a definite period in order to try the patient's behavior. We take a bond from the relatives that they will use reasonable supervision during the time of probation, and from time to time communicate the condition to the Superintendent. I might have added that this system has been in operation in England for twenty-five years, and practiced by me there, so long since, and by other physicians of asylums, with the best results. My surprise is, that it seemed new to the Association, and that it had never been extensively used in America.

Dr. Kirkbride raised a formidable list of objections to the system, chiefly founded on an unfortunate case of

a man who walked to the sea to drown himself. He said that if a patient committed suicide when out of his control, he wished rather to be previously released from responsibility than to be in a position where his control is merely nominal. He said that arson, suicide, homicide, might be committed by such patients; that half cured patients, when returned to their friends, go about the country and create an unsound public opinion regarding asylums.

I replied that patients with the propensities named were not fit selections for trial of the system, but that those beginning to improve, or half cured, and more likely to improve rapidly when freed from asylum surroundings, were selected by me for trial. I presume that no Medical Superintendent, not even of an asylum like Dr. Kirkbride's, which is, if not the best, one of the very best in the world, will deny that asylum residence is exceedingly irksome to many convalescing patients, and that to them a change is beneficial, and often hastens their recovery. If patients so tried give an unwholesome public opinion, I know no instances of it, and I fancy that remark applies more to those asylums which depend on payment by patients than those supported by legislative grants. The latter are more indifferent to unjust opinion, for public inspection always refutes incorrect statements; nor need the superintendent care for such groundless censure. When I have made up my mind what is best for the patient and for me to adopt, I act upon my opinion, and if evil ensue, I feel myself no more responsible for the result than a statesman would on failure of the acts of his best judgment. I have done my best, and never trouble myself about results.

Dr. Waddell said he had found patients, when returned to their friends, recover more rapidly than in an asylum.

Dr. Kirkbride persisted in his objections, and was supported by Dr. Grissom, of Raleigh, North Carolina. Dr. Smith, of Missouri, finished the debate by stating that the subject was of sufficient importance to demand an expression of opinion by the Association. He argued the matter in what seemed an impartial manner, if he had not concluded by saying that "the Association would, by an overwhelming majority, assert that paroling patients would be unsafe and dangerous, and inconsistent with the progress of psychological medicine." Now, as by far the greater number of the members of the Association freely admitted that they had no personal experience of this system, but that they were influenced by men of the eminence of Dr. Kirkbride and others, as I freely admit they should be in inexperienced matters—(I am as great an admirer of Dr. Kirkbride as any member of the Association, but I do not yield an opinion founded on experience to another man, of even recognized eminence, if he has not had experience on the same matter)—I am convinced that the knowledge shown by the Association was very limited; and in order to increase it and support my statements, I have obtained, through the kindness of Dr. Lett, and to his very great trouble, the table appended of all cases of "probation" granted by this asylum since its opening. More than one hundred cases are given; successes and failures, with remarks, are given with equal candor. It will be seen on analysis that no evil has ever arisen; no mischief has been done by the "probationary;" no suicides, no homicides have ever occurred, yet it will be seen that many patients are said to be suicidal and homicidal by the paper of admission. But it is known that many patients are said to be dangerous to themselves and to others for the purpose of obtaining admission, when the facts do not bear out the statement. In

my report of 1874, I related seventy-seven cases of alleged suicides, where careful inquiry produced no facts in support of suicidal attempts. I have marked in the table appended those said to be suicidal, but not found so by us, and those we found suicidal. I have not been deterred from granting probation, even to the suicidals, when we, the physicians of the asylum, consider it safe to do so. If English asylums would give a tabular exposition of their experience of this system, I am sure that the large-minded men of our noble Association will have sufficient grounds of experience to alter their views of a plan never tried by themselves, and that at least they will be willing to give it a candid trial and will be governed by the results.

The Province Asylum, at Toronto, has a larger experience of probation than the London. It might be able to give tabular information over an extended period of years, which would be very useful. If, also, the English asylums, especially the private, where it is more extensively practiced than in the County asylums, would give us their experience, I feel confident that the system embodied as it is in the English Act of Parliament, and in use for a quarter of a century, would afford most satisfactory results.

HISTORY OF PROBATIONS.—ASYLUM FOR THE INSANE, LONDON.

No.	Sex.	Reg- ister No.	No. of days on Probation.	Asyl'm Resi- dence.		Age on Adm'ts.	Reported Condition when Admitted.		Result.	Mental Condition.	REMARKS.
				Y	M	D					
1	Female.	244	23	0	3	1	32	Acute Mania.	Discharg'd	Cured.	Three previous attacks.
2	Male.	239	121	0	6	3	18	Acute Mania.	Discharg'd	Cured.	
3	Male.	243	62	0	4	1	38	Acute Mania, with desire to wander.	Discharg'd	Cured.	One previous attack.
4	Male.	265	—	—	—	—	24	Acute Mania.	Returned.	—	Being harmless, friends allowed to take him home for a short visit.
5	Male.	270	65	13	1	11	27	Unknown.	Discharg'd	Cured.	Is now a partner with his brother in foundry.
6	Female.	142	—	—	—	—	35	Mania.	Returned.	—	Permitted to go home for a short visit.
7	Male.	293	188	0	10	8	35	Melancholia.	Discharg'd	Cured.	
8	Female.	164	—	—	—	—	46	Epileptic Mania.	Returned.	—	Allowed to pay visit to friends.
9	Male.	381	33	0	7	15	53	Mania; Suicidal and dangerous.	Discharg'd	Cured.	Eloped; when found remained on probation.
10	Male.	430	53	0	5	14	50	Melancholia.	Discharg'd	Cured.	Readmitted after lapse of five years, having conducted his business in the interval.
11	Male.	445	41	0	4	17	34	Mania; Suicidal and dangerous.	Discharg'd	Cured.	Two years after discharge had a relapse.
12	Female.	449	38	0	4	29	24	Melancholia.	Discharg'd	Cured.	Had two previous attacks.
13	Male.	465	74	0	5	21	23	Mania.	Discharg'd	Cured.	Obliged to be brought back before probation expired. Same as No. 23.
14	Female.	426	—	—	—	—	17	Nymphomania.	Returned.	Relapsed.	
15	Female.	442	—	—	—	—	35	Mania.	Returned.	Relapsed.	Many previous attacks.
16	Male.	443	43	0	7	27	43	Acute Mania.	Discharg'd	Improved.	One previous attack. After a few months, sent to Toronto Asylum.
17	Female.	418	37	0	10	6	28	Melancholia; Suicidal and dangerous.	Discharg'd	Cured.	One previous attack.
18	Male.	401	49	1	1	2	27	Mania; Inclined to wander.	Discharg'd	Cured.	One previous attack. Readmitted after interval of two and one-half years.
19	Female.	335	36	1	1	7	36	Mania; Suicidal and dangerous.	Discharg'd	Cured.	

HISTORY OF PROBATIONS.—CONTINUED.

No.	Sex.	Register No.	No. of days on Probation.	Asylum Residence.	Age on Admission.	Reported Condition when Admitted.	Result.	Mental Condition.	REMARKS.
20	Female.	396	41	1	2 12 28	Mania; Suicidal and dangerous.	Discharg'd Cured.		Attempted Suicide. Readmitted after a year's interval. Same as No. 54. Recovered sufficiently to be taken care of outside. Same as No. 14. Husband took her out on probation, with instructions which he neglected to follow, consequently she was discharged. Afterwards readmitted. Same as No. 35. Has a sister in the Asylum. Very fretful to get home, so was allowed out on probation, as further Asylum residence was deemed injurious. Two previous attacks. Readmitted after 2½ ms. Same as No. 43. Mother supposed to have died insane. Was case of hysteria occurring before puberty. Readmitted after 6 ms. Now in Asylum. Said to be epileptic. Never known to have had a fit in Asylum. Readmitted after a year. Same as No. 42. Same as No. 25.
21	Female.	468	54	0	10 13 25	Acute Mania.	Discharg'd Cured.		
22	Male.	498	72	0	8 14 34	Melancholia; Suicidal.	Discharg'd Cured.		
23	Female.	426	180	1	5 1 17	Nymphomania.	Discharg'd Improved.		
24	Male.	435	33	0	11 11 34	Melancholia; Suicidal.	Discharg'd Cured.		
25	Female.	489	16	0	7 20 27	Puerperal Mania.	Discharg'd Improved.		Discharg'd Cured. Discharg'd Improved.
26	Male.	529	30	0	5 10 43	Acute Mania.	Discharg'd Cured.		
27	Female.	202	36	3	2 0 53	Mania; Suicidal	Discharg'd Improved.		
28	Female.	206	48	2	11 18 27	Mania; Suicidal and dangerous.	Discharg'd Cured.		
29	Female.	556	87	0	5 26 43	Religious Mania.	Discharg'd Improved.		
30	Female.	564			— 27	Acute Mania.	Returned. Unimpr'd		Discharg'd Cured. Discharg'd Cured. Discharg'd Cured. Discharg'd Cured.
31	Female.	565	28	0	5 8 13	Acute Mania.	Discharg'd Cured.		
32	Male.	602	38	0	2 4 38	Religious Mania.	Discharg'd Cured.		
33	Female.	566	35	0	5 11 29	Puerperal Mania.	Discharg'd Cured.		
34	Female.	586	37	0	5 4 25	Melancholia; Suicidal and dangerous.	Discharg'd Cured.		
35	Female.	573	109	0	9 11 28	Puerperal Mania.	Discharg'd Improved.		

36 Female.	297	169	3	9	27	39	Mania.	Discharg'd	Improved.	Several previous attacks.
37 Female.	325	141	1	4	7	40	Puerperal Mania.	Discharg'd	Cured.	Two previous attacks.
38 Male.	611	151	0	8	6	18	Melancholia.	Discharg'd	Cured.	
39 Female.	609	59	0	6	4	39	Melancholia.	Discharg'd	Cured.	Readmitted after interval of six months.
40 Female.	508	172	1	10	11	53	Melancholia; Inclined to wander.	Discharg'd	Cured.	
41 Female.	553	281	1	6	1	40	Puerperal Melancholia.	Discharg'd	Cured.	
42 Female.	642	145	0	8	11	25	Mania; Suicidal and dangerous.	Discharg'd	Cured.	Same as No. 34.
43 Female.	613	134	0	10	13	43	Mania; Suicidal and dangerous.	Discharg'd	Cured.	Same as No. 29.
44 Female.	601	131	1	0	11	28	Melancholia.	Discharg'd	Cured.	Has a sister in the Asylum.
45 Male.	625	171	0	11	25	?	Mania; Pangerous.	Discharg'd	Cured.	
46 Male.	569	167	1	5	24	?	Acute Mania.	Discharg'd	Cured.	A previous attack, 16 yrs. before admission.
47 Female.	623	—	—	—	—	—	Acute Mania.	Returned.	Relapsed.	Supposed cause of relapse, poverty, bad food.
48 Male.	541	163	1	8	22	25	Acute Mania.	Discharg'd	Cured.	Formerly in Toronto Asylum.
49 Male.	612	125	0	9	11	36	Mania; Suicidal and dangerous.	Discharg'd	Cured.	
50 Male.	438	—	—	—	—	—	Acute Mania; Homicidal.	Returned.	Relapsed.	Supposed cause of relapse, insufficient food and hard work. Afterwards discharged cured, and has now been well two years.
51 Female.	641	123	0	8	16	24	Puerperal Mania.	Discharg'd	Cured.	Readmitted after an interval of 6 months.
52 Male.	513	119	1	10	17	27	Mania; Inclined to wander.	Discharg'd	Improved.	
53 Male.	674	115	0	5	18	23	Acute Mania; Dangerous.	Discharg'd	Cured.	Had a previous attack seven years before.
54 Male.	643	—	—	—	—	—	Melancholia; Suicidal.	Returned.	Relapsed.	Same as No. 22. Mother insane, father eccentric, sister now in Asylum.
55 Female.	670	107	0	6	5	27	Religious Mania.	Discharg'd	Cured.	
56 Female.	364	92	2	9	24	30	Melancholia; Inclined to wander.	Discharg'd	Improved.	Same as No. 72.
57 Female.	662	—	—	—	—	—	Mania.	Returned.	Relapsed.	
58 Male.	579	138	1	6	27	26	Melancholia.	Discharg'd	Cured.	Readmitted after an interval of 1½ years.
59 Male.	537	114	1	9	7	45	Mania.	Discharg'd	Improved.	
60 Female.	269	81	2	10	24	22	Religious Mania.	Discharg'd	Cured.	Readmitted in three months.
61 Female.	639	70	0	4	20	35	Melancholia; Suicidal.	Discharg'd	Improved.	Two previous attacks. Readmitted after a lapse of nine months. Same as No. 81.
62 Female.	684	28	0	4	18	19	Acute Mania.	Discharg'd	Cured.	
63 Female.	173	109	7	7	18	43	Melancholia.	Discharg'd	Improved.	
64 Male.	584	89	1	3	22	48	Melancholia; Suicidal and dangerous.	Discharg'd	Improved.	
65 Female.	518	144	2	3	36	38	Mania.	Discharg'd	Cured.	Had several previous attacks.

HISTORY OF PROBATIONS.—CONTINUED.

No.	Sex.	Register No.	No. of days on Probation.	Asyl'm Resi-		Age on Admitt.	Reported Condition when Admitted.	Result.	Mental Condition.	REMARKS.
				Y	M D					
66	Male.	702	168	0	9 0	38	Mania; Dangerous.	Discharg'd	Cured.	Readmitted after interval of 18 months, during which time he managed his own affairs. Subsequently discharged.
67	Female.	719	18	0	9 5	45	Melancholia; Suicidal.	Discharg'd	Cured.	Father said to have died in an asylum, Eng.
68	Male.	687	167	1	0 19	40	Mania; Suicidal and Homicidal.	Discharg'd	Cured.	Brother was insane, but recovered.
69	Male.	708	29	0	6 23	25	Melancholia; Suicidal.	Discharg'd	Cured.	Her mother has been an inmate of this Asylum for many years.
70	Female.	741	58	0	4 18	19	Mania.	Discharg'd	Cured.	
71	Male.	400	185	5	4 20	38	Religious Mania.	Discharg'd	Cured.	Same as No. 57.
72	Female.	632	38	1	1 4	65	Mania.	Discharg'd	Cured.	Now in Asylum.
73	Female.	415	—	—	—	39	Religious Mania; Homicidal.	Returned.	Relapsed.	Merely sent home on a visit.
74	Male.	229	—	—	—	20	Acute Mania; Dangerous.	Returned.	—	
75	Female.	774	54	0	5 15	19	Melancholia.	Discharg'd	Cured.	
76	Female.	763	31	0	6 7	22	Melancholia; Inclined to wander.	Discharg'd	Cured.	
77	Male.	766	45	0	7 21	45	Acute Mania.	Discharg'd	Cured.	
78	Male.	754	172	1	1 0	45	Religious Mania.	Discharg'd	Cured.	Once in Asyl'm in Dublin, twice Canada, now well and working at his trade shoemaking.
79	Male.	786	77	0	7 2	30	Mania; Dangerous.	Discharg'd	Cured.	Eloped; remained on probation when found.
80	Male.	767	40	0	9 0	34	Mania.	Discharg'd	Cured.	Had been in this Asylum before.
81	Female.	801	72	0	6 10	21	Mania.	Discharg'd	Cured.	A number of relatives on maternal side, including mother, said to have been insane.
82	Female.	814	15	0	3 7	24	Mania; Homicidal.	Discharg'd	Cured.	Same as No. 62. Readmitted after 7 months.
83	Female.	813	6	0	2 28	35	Melancholia.	Discharg'd	Cured.	Two previous attacks. Uncle insane.

84 Male.	800	165	0	11	16	55	Mania; Dangerous.	Discharg'd Cured.	One previous attack.
85 Male.	877	20	0	0	27	28	Homicidal Mania.	Discharg'd Cured.	A real case of delirium after typhoid fever.
86 Female.	762	205	1	4	8	59	Mania.	Discharg'd Cured.	One previous attack.
87 Male.	391					26	Mania.	Returned.	Home on a visit.
88 Male.	535	185	3	5	3	50	Mania.	Discharg'd Cured.	
89 Male.	770	189	1	6	3	23	Religious Mania.	Discharg'd Cured.	
90 Male.	715	120	1	9	19	60	Religious Mania.	Discharg'd Improved.	One previous attack.
91 Female.	885	99	0	8	0	39	Melancholia; Puerperal.	Discharg'd Cured.	3 previous attacks, each after confinement.
92 Male.	826	122	0	10	26	27	Suicidal Melancholia.	Discharg'd Cured.	Father at present a patient in this Asylum.
93 Male.	894	238	0	10	26	60	Religious Mania.	Discharg'd Cured.	
94 Female.	851	194	1	0	21	7	Mania; Dangerous.	Discharg'd Cured.	1 previous attack. Mother said to be insane.
95 Female.	906	29	0	8	4	26	Melancholia; Suicidal.	Returned. Unimp'd.	Afterwards discharged cured.
96 Female.	871	106	0	9	23	25	Mania; Suicidal and dangerous.	Discharg'd Cured.	One previous attack. Said to be epileptic; also her brother.
97 Female.	739	74	1	8	18	20	Melancholia.	Discharg'd Cured.	
98 Female.	825					45	Mania.	Returned.	Home on a visit. Mother said to be insane.
99 Male.	910	77	0	6	4	35	Acute Mania.	Discharg'd Cured.	
100 Female.	907	99	0	7	20	56	Melancholia; Religious.	Discharg'd Cured.	One previous attack. No. 101 is her daughter
101 Female.	908	85	0	7	19	21	Melancholia; Suicidal.	Discharg'd Cured.	Tried to commit suicide in the Asylum. No. 100 is her mother. Uncle on paternal side insane and in this Asylum.
102 Male.	920	126	0	6	13	20	Acute Mania.	Discharg'd Cured.	He, as well as mother, uncle and sister, said to be epileptic. Now clerk on G. T. Railway
103 Male.	759	110	1	9	12	23	Acute Mania.	Discharg'd Cured.	
104 Male.	928	99	0	6	19	21	Mania; Dangerous.	Discharg'd Cured.	Father said to have been insane.
105 Female.	936	90	0	5	28	34	Puerperal Mania.	Discharg'd Cured.	
106 Male.	914	64	0	7	16	25	Acute Mania.	Discharg'd Cured.	
107 Female.	735	92	2	3	21	38	Mania.	Discharg'd Improved.	A previous attack 12 years before.
108 Female.	833	97	1	5	25	48	Religious Mania.	Discharg'd Cured.	Several previous attacks.
109 Female.	930					21	Melancholia; Suicidal.		Still on probation. Reports favor discharge.
110 Male.	989					48			Still on probation. Naturally a weak-minded man. Monthly reports favorable.
111 Male.	1006					45	Melancholia; Suicidal and dangerous		Still on probation. Reports favorable. His brother hung himself.

HISTORY OF PROBATIONS.—CONTINUED.

No.	Sex.	Register No.	No. of days on Probation.	Asyl'm Resi- dence.		Age on Admiss'n	Reported Condition when Admitted.	Result.	Mental Condition.	REMARKS.
				Y	M D					
112	Female.	978	—	—	—	18	Mania; Inclined to wander.	—	—	Still on probation. Reported not quite so well, but again improved.
113	Female.	934	—	—	—	23	Acute Mania.	—	—	Still on probation. Reports favorable. Had several previous attacks.
114	Male.	1011	—	—	—	36	Acute Mania.	—	—	Still on probation. No reports yet. Eloped, but at request of friends, being much improved, was allowed to remain on probation. Several previous attacks.

RECAPITULATION.

Relapsed.	No. Cases Returned.			No. Cases Discharged.		No. cases still on Probation.	Total No. Cases on Probation.
	Unimproved.	Other Causes.		Cured.	Improved.		
7	2	6		78	15	6	114

CERTIFICATE.

Under 18th Section of "An Act to make further provisions as to the Custody of Insane Persons;" 36th Victoria.

I, John Jones, being the father of Samuel Jones, an inmate of the London Asylum for the Insane, admitted by Warrant, or otherwise, June 1st, 1871, request the Medical Superintendent to allow him to return to my home on probation; undertaking on my part to keep oversight of the said Samuel Jones, while he remains at my home, for the period of six months from the date of commencement of such term of probation. I agree also to send to the Medical Superintendent a monthly account of his condition, mental and physical, during such period, and in case of my neglect to do so, to forfeit the right for his readmission to the said Asylum for the Insane.

Dated at London, Ontario, this 10th day of May, 1876.

JOHN JONES, Johnsonville, Ont.

Witnessed by { ABRAHAM TOMPKINS,
WILLIAM JENKINS.

It will be seen from the recapitulation of the table that fifteen were returned to the asylum out of the total of one hundred and fourteen. This must be regarded as a very small proportion, and it shows that the selection of cases for probation was carefully made. The fifteen discharged, after the termination of the probationary period, improved, but not cured, can not be said to be failures, for it is probable that there would not have been fifteen improved had they all been retained in the asylum. But seventy-eight were reported well at the end of the time of probation. It does not admit of more than a guess as to how many of these would have recovered if detained in the asylum. I am sure that a considerable number suffered from the disciplinary rules of a large asylum, and I think I put it very moderately when I assert that at least five per cent. would have turned out incurable. I am strongly

of the opinion that results which can be put at that rate justify the system of probation previous to discharge.

As to the twenty-four reported on the admission papers as suicidal, they come on the list of those who were said to be suicidal for the purpose of obtaining admission, because no facts that any of them had ever made an attempt at self-destruction could be ascertained from the relatives or the attending doctors. It was an unsupported opinion altogether, and while under asylum care they never tried or thought of self-destruction. Since discharge they have not done it. We know that four were suicidal, but, notwithstanding that, I hold the opinion that it is not justifiable to detain a patient in an asylum after he has lost the propensity, and is in excellent health, because he has made an attempt at suicide, and may, when he falls into ill health, make another. Such a patient is cured when he leaves an asylum, and it often is in his own hands, by following the course of life pointed out to him, to avert any recurrence of his former desire. It would be as wrong to detain a recurrent maniac whose intervals may be years, as such a man. In cases like these recovered suicidals, what mode of discharge so proper as that which compels the relative to inform the physician of any change of health during a period of six months?

I think I have established the position I took at the Auburn meeting, and shown that when selections of cases are judiciously made, the system of probation prior to discharge is satisfactory. I have also shown, that in one hundred and fourteen cases, extending over more than five years, no evil has resulted, either to the patients or to the asylum, or to its officers, and I am justified in asserting that I have used proper consideration of the cases so treated, and I am not open to the imputation of recklessness in using this system.

I hope, in conclusion, that Dr. Smith, of Missouri, will be able to propose a resolution to the Association, after a few years, that the plan of probationary discharge is safe and satisfactory, and in accordance with the progress of psychological medicine, as it has already been shown to be in England, and as all plans that tend to greater liberty of the insane will prove to be. I hope that a resolution of this nature will pass the Association by an overwhelming majority.

REPARATION OF BRAIN-TISSUE AFTER INJURY.*

BY DR. JOHN F. GRAY, M. D., LL. D.,

Medical Superintendent of the New York State Lunatic Asylum, Utica, N. Y.

In February, 1868, I saw, with Dr. Edwin Hutchinson, of Utica, a case of fracture of the cranium, in H. Galli, a boy three years old. He had fallen against a stove, striking the right side of his head. No unconsciousness followed; when we saw him he was sitting on his mother's lap, not complaining, and the side of his face was smeared over with brain-substance. Examination revealed fracture of the anterior portion of the right parietal bone, a piece of which, more than an inch in diameter, had been driven into the brain, standing at right angles with the surface, with one edge still adherent. It had torn through the membranes, and lacerated the brain-substance, a portion of which had been forced through the opening. After laying back the scalp by a \vee -incision, the tearing up of the brain-convolutions was very apparent. Elevating the bone forced out a quantity of brain-substance. When the edges of the wound were brought together, a small opening remained in the cranium, where an irregular piece had been broken off. For seven days the child continued quite comfortable; a little fever, but pulse not rising above 132; appetite good, and did not complain of pain.

On the seventh day he became restless, head hot, some discharge of thin pus; pulse rose to 140. This condi-

* Read before the New York Academy of Medicine, February 18, 1875.
Reprinted from the transactions.

tion continued for three days, when the flow of pus ceased and the ragged membranes projected through the opening. The child was dull and somnolent. The wound was carefully explored with a probe, and the projecting membranes clipped off. This was followed by a small discharge of pus, and on the following morning the pulse fell to 116; heat of head lessened; the boy brighter.

On the eleventh day there were twitchings about the right eye, and the eyeballs were in constant oscillation horizontally.

On the twelfth day there were loss of movement and lowering of temperature in left arm; pulse 112 when awake, and 100 when asleep; skin was cool, tongue moist, and urine free; child restless, crying, and at times screaming. A probe was again passed into the wound, and a free discharge of dark-colored pus followed, with some broken down brain-tissue. Immediately after, Dr. Hutchinson removed a spicula of bone, which had been imbedded some two inches in the brain, and the child brightened up.

On the fourteenth day, pulse 98, movement of the eyeballs ceased, and slight motion and increase of temperature appeared in the left arm. Quite a free discharge of pus.

On the sixteenth day, movement in arm returned and child bright; flow of pus continued.

On the twentieth day, a small growth protruded through the opening, and, increasing, pressed the piece of bone backward and downward. This mass was again cut away. It was rapidly renewed, however, and was again cut away on the twenty-first, twenty-third and twenty-fifth days.

On the thirty-first day a protrusion, the size of a pigeon's egg, was cut away.

On the thirty-second day a still larger mass was removed.

On the thirty-third day some hæmorrhage occurred.

On the thirty-seventh day the protruding mass was the size of a large hen's egg.

On the forty-fourth day the mass was tied off, for fear of hæmorrhage.

On the forty-sixth day a protruding mass was again cut away.

On the forty-eighth day a flow of serum commenced, which continued until the fifty-third day, during which over two pints was discharged. During all this time the child was bright but fretful, took food, pulse ranging from 120 to 144.

On the fifty-eighth day the protruding mass remained stationary, its broad base filling the opening, firm, of a light, pink color, and resembling brain-tissue. Child deaf, walks unsteadily.

On the sixty-eighth day, general health improved, child walks alone; all the general symptoms have subsided. The mass has the appearance of brain-convolutions.

On the sixty-ninth day Dr. Hutchinson commenced slight pressure, by a cork pad, held by a rubber band passed around the head, such as is used around packages of letters, and in a few days, without any unpleasant symptoms, the mass passed within the cranium.

On the eighty-eighth day it was covered with membrane.

On the ninety-eighth day the scalp had nearly healed over.

On the one hundred and twelfth day the child was entirely well, but deaf.

In this case, considering the age of the child, the loss of brain-substance was large. During the inflammatory

process, while the injured brain-tissue was being discharged, the amount of connective-tissue elements produced and cut away was very great.

Dr. S. Weir Mitchell, in speaking of the pathological results of neuritis after injury to nerves, says there is "an enormous development of connective-tissue elements."

The length of time in reparation of tissue in this case quite corresponds with reparation of nerves after injuries.

The new and final growth was the reformation of brain-matter filling up the space. It was some twenty days in completing its structure, and the convolutional character of the surface was distinctly marked. My impression is that it would have passed into the cranium *without* the slight pressure used.

If, after the section of a nerve, the upper end should be renewed by the formation of a button-like growth, and, if reparation is a law of the organism, why should the brain be an exception? Was the brain-tissue reproduced, or the space simply filled with amorphous matter? It was a long time before the reproduction of nerve-tissue was accepted; yet nerve-fibres were reunited and reproduced in the healing of wounds and fractures, and in cases of destruction of tissue by abscess or ulcerative processes.

This boy is now ten years old, a bright, active lad; is deaf, and is being educated at the Institution for Deaf Mutes in New York City. The case was under the charge of Dr. Edwin Hutchinson, who conducted it with great skill, and whose reported notes I have freely drawn upon.

The second case is that of man, a soldier, who at the age of forty-one, in September, 1862, was wounded in the head at the battle of Antietam. The ball struck

the posterior part of the right parietal bone, crushing it in, leaving an opening in the skull one and a half inch in antero-posterior diameter, and three inches in the vertical line. The ball was embedded in the substance of the brain. Forty-eight pieces of bone were taken from the brain; the bullet was removed ten days after the injury. He was discharged from the service and pensioned in 1863, and entered upon his occupation as a turner in brass, the wound having entirely healed over. For five years he remained in good health, without even suffering from headaches. His general health became impaired in October, 1868, and he became depressed, and finally developed an attack of melancholia.

He was admitted to the Asylum at Utica, February 3, 1871, where he remained until February 15, 1872, having then been well about four months. He was discharged recovered, and returned home and to his work. Nine months afterward he began to suffer from pain in the head, especially over the frontal region. He complained of confusion of mind, and asked to be again received at the asylum, dreading a return of melancholia. In April, 1873, this condition continuing, he applied for an order, and came to the asylum alone with the papers of commitment. June 14th, two months after admission, he became profoundly melancholic. He gradually failed, and died July 25, 1873.

On post mortem, an elliptical opening in the right parietal bone was found, corresponding to the wound already described.

No attempt at bone-reparation had been made. The dura mater extended over the opening, and was firmly adherent to the scalp. The arachnoid and pia mater were so completely renewed that no trace of the injury could be detected in their structure or by the presence of cicatrices.

The convolutions were fully outlined, and resembled in appearance the other convolutions of the right hemisphere. Vertical sections through these repaired convolutions showed the normal proportion of gray and white matter.

As the pathological result of the attack of insanity, the dura mater was somewhat thickened, and showed signs of recent inflammatory action. The pia mater of a large part of the right hemisphere was opaque, and raised by an effusion of serous fluid, containing lymphoid cells and pus corpuscles.

The whole brain was dry, atrophied more or less, but especially the convolutions of the right side. Each ventricle contained half an ounce of serum. The brain weighed thirty-eight ounces. The walls of the vessels of the convolutions, in certain areas, were distended by crystalline deposits of cholesterine and structureless, translucent bodies of an albuminous character. Amyloid degeneration was found in the walls of the vessels of the pons Varolii and the medulla. The nerve-cells of the outer layers of the gray substance were contracted and opaque. The fibres of the white substance were thicker than usual, and the neuroglia was lessened.

In the atrophied gray cortex of the anterior and posterior ascending parietal convolutions of the right hemisphere, the nerve-elements were much diminished in number, in comparison with the corresponding parts of the left hemisphere. This condition was especially marked in regard to the pyramidal cells of the second of the five layers of the cortex. The connective elements were more dense, fibrillous in their structure, and densely colored by carmine.

In the middle and inferior frontal convolutions, down to the convolutions of the Sylvian fissure and the island of Riel, there was large infiltration of pigment.

In this case, as in the other, the brain-reparation was complete, and the man remained well for five years. The pathological results of the attack of insanity were similar to those ordinarily found.

Theodore Simon (Virchow's "Archives") reports two cases of what he denominates additional brain-growths, where new formations were found superincumbent upon the gray matter of the convolutions. In these new growths the gray and white matter were normal in their relations and proportions. They probably originated from slight injuries.

Pathological history affords a large number of injuries to the brain, with loss of brain-substance and subsequent recovery, though there have been comparatively few cases where they have been followed through life, and the brain examined after death.

Among the most interesting cases is that of Phineas Gage, which occurred in Vermont, September 13, 1848, and is given in detail in the descriptive catalogue of the Warren Anatomical Museum of Boston. The skull is now in the museum. A tamping-iron, a cylindrical iron bar, one and a quarter inch in diameter, three feet and seven inches in length, and weighing thirteen and a quarter pounds, passed through his head while he was tamping a charge for blasting rocks. One end of the bar was square, the whole tapering to a quarter of an inch at the opposite end. It entered "in front of the angle of the lower jaw, upon the left side," by the smaller end, and passed out through the anterior and upper part of the left parietal bone. It traversed "the anterior part of the left hemisphere, and across the corpus callosum and the margin of the right hemisphere, involving the loss of the central part of the left anterior lobe, together with extensive laceration of the middle lobe, the right central lobe, the falx, and the longitudinal sinus." Here was an immense loss of substance.

In this case, as in the boy Galli, a large fungous growth appeared in the progress of the case, and was cut away; there was also discharge of pus and broken-down brain-tissue.

On the fifty-sixth day he was so far recovered as to be walking about.

On the sixty-second day he walked half a mile.

On the seventy-third day he went to his home, a distance of thirty miles.

On the one hundred and ninth day "the wound was quite closed."

It will be observed that the progress of brain-restoration in these two cases is quite similar.

He lived twelve years, some two years of which he traveled with the bar and exhibited himself—then acted as a hostler. In 1852 he went to South America and drove a stage-coach. In June, 1860, he returned to San Francisco, with impaired health, where he worked on a farm, till he died of convulsions on the 20th of May, 1861.

It is to be regretted that the record is silent in regard to the condition of the brain. The probability is, that the space was so completely filled up as not to attract the attention of those who made the post mortem and preserved the skull.

I have seen three cases of attempt at suicide by shooting, where the ball entered the brain and remained there, and where recovery took place. In each case the external wound was *kept open*, and pressure prevented during the progress of reparation.

The following extraordinary case was first published in *Medical and Surgical Reporter of Philadelphia*, for September, 1857. It was reported by Drs. William W. Rutherford of Harrisburg, Pa., and H. Seaman of Millport, Chemung Co., N. Y., a brother-in-law of the pa-

tient. The case was republished in the *Buffalo Medical and Surgical Journal*, for October, 1873, at which time the specimen of bone, removed, was presented to the Buffalo College Museum. We record our thanks to Dr. Seaman for furnishing us the bone, from which the accompanying representation was made.

The case is given as originally presented.

On the morning of the 23d of July, about three o'clock, I was requested to visit Mr. Edward Thomas, at Highspire, a village on the Pennsylvania Canal, six miles east of Harrisburg, who was said to be seriously injured by his head striking against a canal bridge whilst asleep on the deck of his boat.

I reached Highspire about half past four o'clock, and found Mr. T. in bed, his hair filled and matted with blood, his vest, shirt, upper part of his pantaloons and bed saturated with it, and a horrible looking rent in the scalp from the right superciliary ridge to the occipital bone. The wound was filled with coagulated blood, which stood up high above the level of the surrounding parts, and some blood still oozed from the wound. In a cloth, on a bench on the opposite side of the cabin, was rolled up a portion of the malar bone, some fragments of the os frontis, and the entire right parietal, detached from its fellow along the sagittal suture, and from the occipital along the the lambdoidal suture, or perhaps taking some part of the occipital bone with it, together with the squamous portion of the temporal bone. It was as clear of soft parts as if it had been removed from the dead subject with scalpel and saw.

His pulse was small, moderately frequent, and rather feeble; skin rather below the natural temperature, but not much. Said he did not suffer much pain. His mind was perfectly undisturbed, quick and vigorous. I asked him if the sight of the right eye was impaired; he closed the left with his hand and said the vision of the right was perfect. He had no feeling of faintness, sickness of stomach, or any symptoms of concussion of the brain. The diminished force and volume, and increased frequency of the pulse were, I think, owing entirely to the loss of blood.

I suggested to Dr. Putt, who was in attendance with me, that it would be very difficult to dress the wound in the position in which Mr. Thomas was then lying. Mr. Thomas said he would sit up, and immediately got up and seated himself on a chair in the middle of the cabin floor.



We removed the hair an inch and a half or two inches from each side of the wound with scissors, and then shaved the scalp with a razor. I then examined the wound carefully with my finger, and found two loose pieces of bone about the superciliary ridge, which I removed. I then took a pocket-case spatula, and commenced at the posterior angle of the wound, and removed a sufficiency of the coagulum, to allow the edges of the scalp to be brought together by suture, then proceeded to remove some more, and introduce another stitch, &c., until I had the wound in its whole extent very neatly brought together. In the clots which I removed I did not discover any discharged brain, nor did I get a sight of the membranes of the brain, for I was apprehensive if I removed the coagulated blood entirely, that fresh hæmorrhage would ensue. Indeed I concluded the less the brain was meddled with in that unprotected state, the better.

The dressing occupied an hour or perhaps more, at the end of which he arose to his feet and removed his vest and shirt and put on a clean one; he then took off his pantaloons, and being handed a clean pair, poised himself on one foot, and thrust the other into the leg of the pantaloons, changed feet, and thrust in the other leg, drew them up, buttoned and adjusted them with care, just as if nothing had happened to him, and walked over to his bed and laid himself down. He was not aware he had lost so much bone, or perhaps any, for it was concealed from him.

About half past six o'clock I left him, after applying a wet towel to his head, and at ten o'clock saw him again in company with two of our Harrisburg physicians, as the boat passed through the locks at this place.

Considerable reaction had occurred; his pulse was full, tolerably strong, and about 80; skin warm, mind clear, but little pain, scarce any drowsiness, and he said he was feeling quite comfortable.

If it were not for the fact that two physicians of this place, and Dr. Putt, of Highspire, have seen the patient, together with Dr. Seaman's letters, I should doubt the propriety of publishing it in a respectable medical journal, for really it is almost too marvelous for belief. Here is a man with nearly half of his skull torn away without any cerebral disturbance whatever, indeed without any symptoms to indicate the injury he has received except the torn scalp and the hæmorrhage. Thus I conclude a hasty but truthful statement of the case as it came under my observation.

Since the accident, I have learned that it was produced by the end of one of the suspension rods which holds the string-pieces to the arch, the end of which projected below the timbers.

The boat was a very large one, used in carrying down coal, was returning empty, and floated very high, which accounts for the disaster.

MONTOURSVILLE, July 30, 1857.

DR. RUTHERFORD—

Dear Sir: My brother-in-law, Edward Thomas, the boat captain whose head was so seriously injured by a bridge with so much loss of the bony structure, which was dressed by you on the morning of the 23d inst., near Harrisburg, requests me to write to you, and inform you that he is still living, and in full possession of all his mental faculties.

The dressing has not been removed from the wound, but he is apparently doing well. He sleeps comfortably during the night and occasionally during the day. His appetite for food is good, and he complains bitterly of the low diet to which he is subjected. Pulse ranges from seventy to seventy-eight, soft, and circulation equal. No preternatural heat of the skin. Complains of some dull pain in the head, helps himself up with ease, but when he starts up suddenly, as he sometimes does, from sleep, there will take place immediately considerable hæmorrhage from the wound. On the whole, he is very comfortable, and hopes are beginning to be entertained by his friends of his ultimate recovery.

I have practiced medicine and surgery twenty-six years of my life, and had supposed that I had witnessed almost every form of human injury and suffering, but never before have I met any injury which would compare with this, and the patient so long survive after its infliction. For your gratification (as I presume you did not measure,) I will give you the actual measurement in a straight line across the concave surface of the piece of skull broken out, which now lies before me. You will recollect it was of an oval form, and I find it measures six and three-quarters inches in its longest diameter, and five and three-quarters inches in its shortest diameter.

With such a loss of the bony covering of the brain and the violence of the blow necessary to remove it, the great wonder is that the patient is still alive and comfortable, on this, the eighth day after the accident.

Yours Truly,

H. SEAMAN.

MONTOURSVILLE, August 5, 1857.

DR. WM. W. RUTHERFORD—

Dear Sir: Your very obliging letter of the 2d inst., is received, and it affords me much pleasure to comply with your request to keep you informed of Edward Thomas' condition.

This is the thirteenth day since he received the injury, and strange as it may appear, he is evidently doing well. During the first ten days succeeding the wound, there was considerable and frequent returns of hæmorrhage from it, which would occur on almost every effort to sit up or even turn over in bed, but was readily arrested, in most instances, by the more frequent application of ice water. Since suppuration has commenced the bleeding has ceased.

I removed your dressing on the eighth day, and found the sutures all sloughed out, and no union of the wound by the first intention. The edges of the wound were widely parted, the scalp hanging in the fold over the ear, leaving a portion of the surface of the brain the length of the wound and one and one-half inch wide exposed to view. I have since, and with much difficulty, shaved off the entire scalp and brought the edges of the wound nearly together by adhesive straps, supporting them by the application of a bandage to the entire head. The tightness of these dressings was made to depend on the feelings of the patient. Suppuration is gradually going on, and granulations forming over the surface of the dura mater. All his symptoms at present are favorable. Intellect perfect, appetite good, pulse varying from seventy-six to ninety in a minute, tongue clean, skin nearly natural, strength holds out well, sits up occasionally from one to two hours at a time, and his friends are beginning to entertain a hope of his ultimate recovery. The cold wet cloths are still applied, as they have been faithfully from the first, to the preserving application of which I think he owes his life and the comparatively comfortable condition he now enjoys. You will please accept the thanks and the gratitude of the patient and his friends for your skillful and persevering effort to save the life of this young man in one of the most hopeless conditions ever falling under the notice of the medical profession. I shall be much obliged, not only to you, but to Dr. Butler also for a copy of the number of the *Reporter*, containing a notice of this case. I will endeavor to keep you posted in reference to its progress.

I remain yours truly,

H. SEAMAN.

MONTOURSVILLE, August 8, 1857.

DR. WM. W. RUTHERFORD—

Dear Sir: Again I write to inform you of Edward Thomas' condition. Since I wrote you last he has been improving rapidly. I have just finished dressing the wound, and find the floating scalp

firmly attached to the dura mater in every part, and covered by it, except the exposed portion, a strip three-fourths of an inch wide by six inches long, and this is entirely covered by strong and healthy granulations. I have continued to dress the wound with long adhesive straps, keeping it clean by the use of a sponge and warm water.

He does not complain of as much pain in his head and ears as formerly, and sits up in a chair two or three hours per day. His appetite is good, rests well at night, and has been walking about the house this afternoon without much apparent fatigue. At present he is recovering very fast, and if no unfavorable change should take place, he will soon be quite well.

In a former statement which I made to you in reference to the amount of skull bone broken out, I committed an error by not having compared the portion broken out with that left. I there said "nearly one-third of the entire skull is broken out," but should have come nearer the truth, had I said nearly one-half instead of one-third. I had forgotten to mention above, that his intellect remains undisturbed, and that considerable of the lower part of the right front lobe of the brain was so injured that it has sloughed away.

This case presents considerations for the physiologist and phrenologist, some of whom may jump to the conclusion, that men, in this fast age, do not require such cumbrous bony structures, filled with so much chaff called brains, as many of us carry on our shoulders.

I remain yours, &c.,

H. SEAMAN.

We present a photograph of this interesting specimen. It will be noticed that a piece of paper is attached to one margin. This is to supply the place of a corresponding piece of bone which was so broken by the injury inflicted, that the parts could not be re-united. They were discharged from the wound during the process of healing. The copy is by measurement one-half the size of the specimen. This, it will be recollected, was given as six and three-quarter inches in the longest, and five and three-quarter inches in the shortest, diameter.

The man fully recovered, married a few months afterward, and is now the father of five children. He has maintained good general health, has never suffered from mental disturbance, and the only inconvenience he has experienced, has been a sense of fullness in the head when making active exertion or stooping over.

The interest attached to such a rare and infrequent case, does not close with the life of the individual. The post mortem examination will alone reveal the real condition of the brain-tissue, and give a correct answer, regarding the mode of reparation in cases of injury to the cerebral mass.

THE EXAMINATION AND COMMITMENT OF THE INSANE.*

BY A. E. MACDONALD, M. D.,

Medical Superintendent, New York City Asylum for the Insane.

The examination of patients, supposed to be insane, with a view to their commitment to an Asylum, is a duty, to the performance of which, any gentleman in general practice, is liable to be often summoned, and one for which he should be always prepared by a knowledge of his powers and duties, under the law of the State, in which he resides, and by a knowledge of the disease and its manifestations. To deprive any person of his liberty for a greater or shorter period, to bring to his family the grief which their separation causes, and to entail upon him and them, the reproach which commonly, though improperly, attaches to the fact of such confinement, is certainly a serious matter, and the law very justly subjects to penalty, any physician who makes any improper commitment.

The laws of the various States, differ materially as to the manner of the commitment of the insane, and as to the part which the physician plays in the process. In some States he is not called upon at all, the parents or guardians, or near relatives of an insane person, being empowered to commit him, without medical evidence, as to his insanity. In others, the certificate of but one physician is required, but in those States, where legislation upon the subject is farthest advanced, no patient can be deprived of his liberty, save upon the sworn

* A Lecture delivered before the students of the University of the City of New York, Medical Department, March 10th, 1876.

testimony of two reputable physicians, that he is insane, and unfit to be at large. The State of New York, has by recent revision and codification of its statutes, under the supervision of the State Commissioner in Lunacy, Dr. Ordronaux, placed them upon a very satisfactory footing. I shall refer to these statutes and the forms which they prescribe, in treating of the matter, as they sufficiently represent, in a general way, the legislation of other States upon the subject. I may tell you here, though, for the comfort of such of you, as being under-graduates now, propose to practice in this State after your graduation, that you are not likely to have speedy occasion to exercise your knowledge in this special direction, as by the law of the State, a physician must be a graduate of three years standing in order to take out commitments for the insane.

The statutes then of the State of New York regulate the commitment of the insane, by the following enactments:

SECTION 1. No person shall be committed to, or confined as a patient in any asylum, public or private, or in any institution, home or retreat, for the care and treatment of the insane, except upon the certificate of two physicians, under oath, setting forth the insanity of such person. But no person shall be held in confinement in any such asylum for more than five days, unless within that time such certificate be approved by a judge or justice of a court of record of the county or district in which the alleged lunatic resides, and said judge or justice may institute inquiry and take proofs as to any alleged lunacy before approving or disapproving of such certificate, and said judge or justice may, in his discretion call a jury in each case to determine the question of lunacy.

§ 2. It shall not be lawful for any physician to certify to the insanity of any person, for the purpose of securing his commitment to an asylum, unless said physician be of reputable character, a graduate of some incorporated medical college, a permanent resident of the State, and shall have been in the actual practice of his profession for at least three years, and such qualifications shall be certified to by a judge of any court of record. No certificate of

insanity shall be made, except after a personal examination of the party alleged to be insane, and according to forms prescribed by the State Commissioner in Lunacy, and every such certificate shall bear date of not more than ten days prior to such commitment.

The following is the blank form of medical certificate, as prescribed by the State Commissioner in Lunacy.

STATE OF NEW YORK, }
COUNTY OF , } ss.

I, , a resident of , in the county aforesaid, being a Graduate of , and having practiced three years as a Physician, hereby certify, under oath, that on the day of , I personally examined of *

* [Here insert sex, age, married or single, and occupation.]
and that the said is Insane, and a proper person for care and treatment, under the provisions of Chapter 446, of the Laws of 1874.

I further certify that I have formed this opinion, upon the following grounds, viz: *

* [Here insert facts upon which such opinion rests.]

And I further declare that my qualifications as a Medical Examiner in Lunacy, have been duly attested and certified by *

* [Here insert the name of the Judge granting such certificate.]

Sworn to and subscribed before me, }
this day of , 187 . }

The chief improvement in this certificate, as compared with those formerly in use, is that it requires the physician signing it, to state his reasons for considering the patient insane. It is not enough, as formerly, to give the conclusion; the grounds for the conclusion are to be furnished also. The object of this is to insure careful personal examination, and to furnish the officers of the institution to which the patient goes, with information which will be of value to them in determining his treatment, and hence its importance. I am not aware that this is required under the laws of any other State of the Union. A compensating difference to yourselves

may be found in the fact, that in no other State is it required that any prescribed length of time shall have elapsed since his graduation, before a physician is deemed competent to commit lunatics, so that such of you as intend to practice elsewhere, may enjoy the privilege and its resulting emoluments from the outset. I would call your attention to the wording of the commitment used in most States, but not now in New York, with regard to the condition of the patient, which justifies you in secluding him. He must be "insane, and so far disordered in his senses, as to endanger his own person, and the persons and property of others if permitted to go at large," so that a man must not only be insane, but dangerously so, before you can commit him, and, conversely, it is not necessary to send every person who is insane to an asylum, if he is at the same time harmless. This exempts such cases of chronic and harmless insanity as can be properly cared for at their homes, and it also gives you the right to retain the few patients, those with puerperal insanity for instance, who can as well or better be treated there, and whom it would be unwise to expose to the dangers of removal while their disorder is in the height of its acute stage. On the other hand it may be construed to embrace almost any case, certainly any acute case, for the man who is so insane as to prevent the proper remedies being administered and applied elsewhere, than in a building, and among agencies specially prepared for the purpose, may certainly be considered to endanger his own person.

We will suppose then, that you are called to examine a person alleged to be insane, with a view to his commitment to an asylum. Unless you are yourself the family physician of the patient in question, the summons will likely come, either from the gentleman who fills that office, or from a relative of the patient, and to

the form of that summons, I believe, are attributable the mistakes which sometimes *do* attend the commitment of supposed lunatics. Nine times out of ten, you will be asked directly to *commit* the patient, not to *examine* him. Your brother practitioner will say to you "come with me and commit a lunatic," or the family will write to you that your services are desired, that they may send their relative to an asylum. You would not receive or accept a summons to come and prescribe quinine for a patient, or administer any specified form of medical treatment, in a case of some other disease, and yet here the whole thing is decided for you before-hand, and the course you are to pursue laid down for you. Consequently when you go, either you fall insensibly into the spirit in which the summons is sent, and do what you are directed to do, after a very cursory and imperfect examination; or else, if you do make an examination, and conclude not to commit, you feel that you have somehow obtained admission under false pretences, and have not done what people had a right to expect of you, and generally, you are made perfectly sensible of the fact, that they entirely agree with you upon the latter point. I have even known some practitioners in this city, who did not ask or expect a fee, in cases where they failed to satisfy themselves of the propriety of committing, although such cases naturally occupied more of their time, and taxed their knowledge and experience, more than those in which the presence of insanity was patent at a glance. Apart from the glaring impropriety of neglecting to obtain a fee whenever possible, this course has the demerit of sanctioning the form of engagement of which I complain, and recognizing a sort of "no cure, no pay" system. Properly a medical man should be called to a case of insanity, as to a case of any other disease, to

examine, and, having examined, to prescribe as he sees fit. Sequestration in an asylum, is as purely a therapeutic agent, as any in the *materia medica*, and its prescription and exhibition, should come from the medical attendant, not from the bystanders. In the way in which you accept such summons, and invite to such consultations, you can do much to alter this state of affairs, and so assert the proper function and dignity of yourself and your profession.

If you happen to be the family physician of the patient, a formal visit will be scarcely needful. You will have observed the gradual approach of the disease, and have seen reason to anticipate the call. More than likely you have been the one to first appreciate the necessity of the step and to urge its being taken. In this you have very probably been met by the opposition of the relatives and friends of the patient. They have refused to see things as you have seen them. The patient is in their eyes only a little cast down, a little excited, a little eccentric, it will be time enough to take active measures if the trouble increases. They are unwilling to take the responsibility of authorizing the patient's removal without consultation with other, and perhaps distant relatives. They are sure that confinement with other lunatics would make him worse; they fear that he will never forgive them should he recover. Thus in a hundred ways they thwart your purpose and plead for delay. It will be your duty to tell them that each day's postponement, by so much, lessens the probabilities of recovery; that insanity, under timely and efficient treatment, is commonly recovered from; that in nine cases out of ten the patient will not know where he is, appreciate his surroundings, or recognize the fact that his comrades are lunatics—at any rate restraint and discipline applied in an asylum will

be less irksome to him than if he is called to endure them in his own home. You must impress these points upon them firmly and forcibly, and make them fully understand the great responsibility that will rest upon them, if, through their unwillingness to follow your advice, the patient passes, for want of prompt and energetic treatment, into a condition of permanent mental alienation. And yet more than likely, your advice and your warning will be disregarded. Of the thousands of hopeless lunatics who crowd our asylums a large proportion owe the incurability of their disorder to the procrastination of their friends.

If, instead of being the family physician, you are merely called in when the necessity of the patient's confinement can no longer be disputed, this duty and this trial will be saved you. If the call is to unite with the family physician in perfecting the necessary legal formalities, your task will be relatively easy, for from him you can obtain particulars which will greatly simplify it. It is possible, however, that your associate may be as much a stranger to the patient as yourself, and as a case of this kind will present the greatest difficulties and require the greatest tact and caution, I shall suppose such an one in my description.

Your first encounter will be with the patient's relatives—and generally with his female relatives, who will tell you a great deal that bears upon the case, and a great deal more that does not. As a rule you may divide the relatives of an insane person into two classes, those who want to send him to an asylum at all hazards, and those who want to keep him out at all hazards. Those who have no predetermination in either direction, who simply wish to see what *you* think, and do what *you* advise, are very much in the minority. Fortunately, as a general thing, you are likely only to meet

those of your way of thinking, in whichever direction their pre-conceived opinions may tend, but this is not always so. Now and again there will be two sides to the question, and then your difficulties will increase. Take for instance, the case of a young wife who becomes insane, on the one hand you have the husband, on the other her family. Each side is perfectly convinced that the misfortune which has overtaken the beloved one is distinctly traceable to some neglect or interference of the other, and there is as wide a difference in their views as to what is proper to be done under the circumstances.

It will be necessary for you, as I have said, to listen to a great deal of information, and to a great deal of theory and surmise. Much of what is told you will be useless, and much of it untrue. If you can manage it, it will be better to gain your information from one comparatively disinterested—say an intimate friend or an intelligent servant—than from a near relative of the patient. At any rate you will want to learn certain facts, and you must try to get your informant to simply answer your questions without being discursive, you will ask first, for instance, the patient's age—the sex you will already know—then his or her civil condition, whether single or married or widowed. The occupation which has been followed will sometimes be a guide to you, and it will be well to inquire as to the religious belief, and the habits with regard to church-going and such like. The general habits then are of great importance,—has the patient been temperate or intemperate, disposed to enjoyment or solitude, have there been venereal excesses or addiction to self-abuse? You may pass next to the bodily health—what has been the patient's history? Has there ever been a previous attack of insanity or any nervous disorder? What diseases has

he or she had? And, if a female, what has there been of irregularity in menstruation, parturition, or at the climacteric? Another question, and a most important one, what is the family history? Have there been insane members or sufferers from epilepsy, paralysis, or other nervous disease? Have there been marriages of consanguinity? Were the patient's parents healthy? Were they intemperate? So you may pass to his present condition. Ask first how long he has been ailing, and receive the answer with a grain of allowance, for almost invariably the period assigned for the invasion of the disease will be much more recent than the real one. Ask next the supposed cause. Has the patient had business reverses, family troubles or afflictions, or has there been religious or political excitement? What recent illness or injuries have there been, or has there been prolonged dissipation? If the patient is a young girl, has menstruation commenced, and is it regular; if a young boy, is there reason to suspect masturbation? Ask then what symptoms were first noticed. In what did the patient first commence to depart from his customary habits and demeanor, and in what manner has the departure increased? What is his present state, and how long has been its duration? What delusions has he manifested, and if he is disposed to talk, what subjects seem uppermost in his mind? Remember that these questions should be asked before you visit the patient, in order that the answers may assist you in personally examining him. They are to be taken only for what they are worth, as confirmatory of what you may yourself observe, not as sufficient in themselves to determine your diagnosis. Your informant will probably consider them all sufficient, and will perhaps resent your seeking further, or giving the patient more than a hasty and cursory examination. No matter, your affi-

It will be that you have examined the patient and found him insane, not that you have been so informed by his friends. If you omit anything before you visit the patient, do not seek to remedy the omission by asking the question in his presence, unless it be something that you are perfectly willing that he should hear. The most absorbed and distraught appearing patients, are often keenly observant of all that passes about them, and though you may fail to get them to reply to your questions, you must not think that it is because they do not understand both them and all else that you say. In insanity, at the commencement, the senses are more often sharpened than dulled, and you will find that there is a good deal of cleverness and cunning. It will be well for you also to see the patient's letters and other writings.

We will suppose now that you have finished your conversation, have ascertained as much as you desire from third parties, and are ready to see the patient himself. The question will arise, in what capacity, or pretended capacity, are you to visit him? Often, perhaps I might say ordinarily, the friends have a great objection to your entering in your proper character as a physician; they are so afraid of alarming or offending the patient, and they will suggest and urge the adoption of all manner of disguises and false pretenses. The patient has been raving about his immense wealth and gigantic speculations, and you are a broker come to negotiate with him, or he is a king, so you must be an ambassador from a friendly power. They will want you to personate a tailor, come to measure him for a suit of clothes, or a milkman come to solicit his custom, and they will be quite astounded if you show any wounded dignity, or decline to join in these *tableaux vivants*. Now, as a general rule, admitting of but very

few exceptions, I should strongly advise you to be no party to any such nonsense. Insist upon seeing your patient, as you would see a patient suffering from any other disease, in your own character as a physician, come to examine and to help him. I have seen too many patients tricked into an interview with two strangers, invited to drive in a carriage, to sail up the river, or to visit a public institution, and only realizing their position when the key was turned upon them, not to warn you earnestly against the evil and the folly of such deceit. Apart from the humiliation of assuming such disguises, you place yourself at a disadvantage, as you have no excuse for asking the very questions which you most wish to have answered, and unless you are a clever actor you are more than likely to be discovered by him whom you seek to deceive. I remember to have been foolish enough once to permit myself to be introduced to a patient, as a clergyman who had come to dine with him. He nearly upset me on the spot, by asking me to say grace, and, although I managed to get through that, he soon involved me in a doctrinal discussion, that exposed my imposture in short order. Since that time, I have seen my patients as a physician, or not at all, and I think it will be to your comfort to make this your rule. I can imagine cases where a little deceit might not only be justifiable but commendable. If for instance, you go to visit a patient, and find that he has provided himself with a carving knife, and sworn to kill any doctor who comes near him, I think, I don't like to advise you strongly, but I really think that it would perhaps be justifiable, under the circumstances, if you didn't let him know that you were a doctor. As a rule then, have yourself introduced as a physician, otherwise you will find it difficult to turn the discourse upon that topic with which you are most concerned, the question of the patient's health.

It may appear to you to be rather a superfluous precaution, but I advise you to make sure of being able at once to recognize your patient from those who may surround him, by learning before you enter the room, some particulars as to his dress or appearance. It is not a little awkward and embarrassing to address yourself to a bystander, under the impression that he is the patient, but it is a mistake that has happened, and might happen again. While the introduction is being made, a hasty glance at the patient and his room, will often tell you much. His dress and the arrangement of the furniture and accessories, may reveal the disorder of his mind. From his countenance too, much may be learned, not so much of course, as if you had known him in his ordinary condition, and could thus bring comparison to your aid. But nevertheless, the physiognomy is a valuable guide, and you will look to it for evidence of depression, excitement, cunning or rage.

Entering into conversation with your patient, you will endeavor to elicit from him evidence of the existence of insanity. You will remember what I have said to you in a former lecture about insanity, in any given individual, consisting in a departure from the normal condition of that individual, and not in any difference between himself and other individuals, or between him and any fixed standard. Hence, in your examination, you must compare him with his former self, taking into account his birth and breeding, the degree of his education, his occupation, habits and the like. What may be full proof of insanity in one, will be no proof at all in another. Say that you are looking for loss of memory, inability to repeat the multiplication table, may reveal it in one, but another may never have learned it. So with loss of affection, loss of temper, loss of religious feeling, loss of anything else, make

sure that there has been loss, not original absence. Remembering also, what I have described as the characteristics of the two principal forms of insanity, you will expect the departure from the normal standard, in the maniac, to be in the direction of exaltation, in the melancholic, in the opposite direction, toward depression. So you will select the topics for your conversation in either case, and having selected them, you will try to bring out delusions. I do not wish to be understood to imply that the presence of delusion is essential to the presence of insanity. A man may certainly be insane without holding any delusion, or at least any that becomes patent, under the most skillful and close observation and examination. I do think though that the want of evidence of delusion is more often due to our inability to elicit it, or the patient's cunning in concealing it, than to its absolute non-existence. Again delusions may be readily shown at one period in the progress of a case, and absent to all appearance at another. But a delusion is a very comfortable thing to get hold of when you sign a legal document, which may have to be defended in court, for judges and lawyers still cling to the idea, that there can be no insanity without delusion, and it may trouble you to convince them otherwise. Remembering what I have already said to you about delusions, that they are always connected in some direct relation with the person entertaining them, you will see that you will be unlikely to detect them by conversing on general and desultory matters. You must bring the subjects home to the patient himself, talk about his health, his business affairs, his enjoyments, his family. Generally you will have learned something from your preliminary conversation with his relatives or friends, which will suggest the topics upon which you are likely to catch

him. If you have not, you must be prepared to go over the whole ground, until you find his weak point. And here you will find the benefit of system. You might converse an entire day with an unquestionably insane man, going hap-hazard from topic to topic, without causing him to reveal himself. The only proper and successful way is to have a regular order of inquiry arranged in your mind, and go from one subject to another, methodically until you hit upon the right one. I do not believe in monomania, as it is called, insanity in which there is a single false belief, but certain it is that we occasionally find patients whose delusions are confined in a very limited circle, or whose delusions, varied and numerous enough, escape detection until one false belief, the key-note of the whole is touched upon. I remember, not long since, a patient coming to the asylum, who was to all appearance as well conducted and as sane as any one of us. He gained the ear of one of the commissioners while coming up upon the boat, and told that gentleman so plausible and connected a story of wrong and injustice, and conspiracy, that he accompanied him to the asylum, fully convinced that a mistake had been made. As it happened I had seen the patient before, had in fact, appeared before the Commission in Lunacy, which appointed a guardian over him and his property, and so, when he had repeated his story, more than ever convincing the Commissioner, I simply said to him, "but this will all be corrected when you are elected President, will it not?" And thereupon he launched into a string of extravagances, which very soon changed the mind of his would be advocate.

Make sure also, that what are at first glance patent delusions, are so in reality. Truth is stranger than fiction, and a patient may be merely stating a fact, or

recalling an event, when he makes a statement that would appear incredible. Especially is this the case in regard to family scandals, and therefore, when a patient makes an assertion regarding one of his relatives, and that relative or others, characterize it as a delusion, do not be too ready to believe them without further evidence. I remember a patient coming to the asylum in a condition of confirmed melancholia, with delusions of persecution and injury. Gradually his mind cleared, he lost his delusions one by one, regained his physical health, and was apparently quite himself again, save that he told a story of some unknown enemies entering the house in which he lived, and poisoning some food that was placed in the cellar. This seemed such an unlikely thing, and was so much of a pattern with the delusions that he had held, and which had left him, that we looked upon it as a manifest delusion, and waited for it to disappear also, and were not a little surprised when assured by other inmates of the house that the story was substantially correct.

So I say to you again, don't be too ready to accept improbabilities as of necessity delusions, and do not accept probabilities as delusions, merely because relatives who are affected by them, tell you that they are such.

If all cases of insanity were as marked as the typical ones which I have described to you, your duty would be an easy one. But they are not, and you will find your difficulty in cases which more nearly approach the border-line of sanity. One thing in your favor, such cases do not have the pressing need of immediate restraint, which attend the more decided and acute, you will, therefore, have time for more extended examination and for repeated visits, if need be. This you must always insist upon, despite the objection and impor-

tunity of relatives. In England the physician is required to give in his certificate, only those indications of insanity which he has observed at a single visit. In this country it is not so, and repeated examinations are permissible. Never allow yourself to be bullied or coaxed into signing a certificate unless you are positive that the patient is insane. It is no mere matter of form, but a very serious undertaking. Not only may you be condemning a man to undeserved confinement, but you may be exposing yourself to serious punishment and loss of reputation. It is not very long since, a case occurred in this city, which illustrates this danger. It was before the change in the law, which now renders it necessary for the physician, making oath to a patient's insanity, to give the reasons for his belief. In this State then, as in other States now, he had only to testify to the fact, not to the reasons. A man was sent to the asylum on Blackwell's Island with two certificates, in due form, setting forth his insanity, and signed by two reputable physicians. The Resident Physician, Dr. Parsons, soon found that he was not insane, and so discharged him. Thereupon he commenced suit against the two physicians, and it was shown upon the trial that his wife and daughter had invented the story of his insanity, because he objected to the marriage of the latter. One physician had been foolish enough to take the assurance of the other, and the other had been foolish enough to take the assurance of the wife and daughter, one had only seen the man once, and from a distance. Both were compelled to pay damages. So you see that it is not always safe to trust too implicitly to the relatives of a person alleged to be insane, and you will find in this and similar instances, a warning to rely upon your own judgment not upon the judgment, or perhaps the self-interest of others.

When you have fully settled in your own mind, that the patient is insane, the next step toward his commitment is the preparation of the necessary certificate. This is not always an easy matter, one may very often arrive at a conclusion, upon a subject almost insensibly. The conclusion may be perfectly correct and unquestionable, but it will puzzle him to recall to himself the process of reasoning, by which he has reached it, much more to make it plain to others. And yet this latter, is just what, in this instance, he is required to do. I may tell you for your comfort, that of nearly six hundred patients, admitted to the institution under my charge, since the passage of the new law, but a very few have brought certificates that are perfectly correct and satisfactory. So far as I have heard, the same is true of other institutions in the State, and a recent English writer speaking of his own land says: "Scarcely a single certificate is ever sent in from a medical man, that has not to go back to him, for the correction of some error or the insertion of something omitted." The points in which, as I have observed, certificates usually fail, are that they are altogether insufficient or else too diffuse, that many things are stated which are irrelevant, that some things are stated as reasons, which are not necessarily reasons, and could only become so in the light of other facts which are not given, in short, that the writer of the certificate forgets, that it is not a mere memorandum for his own information, but a document for the examination of those who have never seen the patient.

You will remember that in the form of the certificate, which I read to you, the introductory words which precede the statement of the reasons, are these: "I further certify that I have formed this opinion upon the following grounds," and in the margin is the direction.

"Here insert facts upon which such opinion rests." In the space provided, I should first give the physical evidences which mark the departure from health. Remember, that insanity is a physical disease, and as such, must exhibit physical symptoms. You may then state what departure there has been from the patient's usual condition, in his habits, or his behavior, or conversation, in short, in his general manner of conducting himself, and take care that you state, that it *is* a departure. Many certificates err in this respect. A physician finds a man beating his wife, or a woman using filthy and obscene language, and he simply states these facts. Now these are no proofs of insanity, *per se*, because many men of the lower class beat their wives, and many women of a depraved class, use improper language, without being insane. They were proofs to him, because he knew from previous acquaintance with the patients, or saw by the character of their relatives and their surroundings, that this was not in accordance with their former custom. This constituted them proofs to him, and this he must state in order to render them proofs to others. He should also state where he obtains these proofs, does he know them himself, or have they been furnished him by others? So also with delusions, show plainly in the certificate, that they *are* delusions. If a man says that he has no head, or that he has an elephant in his stomach, these are self-evident delusions, and it is enough to state them, but the larger number of delusions might possibly be true. They only become delusions in your sight, because you know, or are assured, that they are untrue, and you must state this knowledge or assurance, and the source of the latter, in your certificate, if you expect to convince those to whom it is addressed.

I have told you to observe a patient's dress and surroundings in search of evidence of insanity. If you

find a patient ordinarily precise in his dress, neglectful and slovenly, or decked with tawdry adornments, it will constitute a certain amount of evidence, provided you state his former habit. But there are other things which are no proof at all. I frequently receive certificates, in which the physicians signing them, state as a reason, "the patient is confined by a strait jacket," or, "is tied down in bed." Now what possible proof of insanity is this, except by the most indirect implication? The patient did not put himself in the strait jacket, or tie himself down in bed. If he was violent, or destructive, state the fact, the means which others had recourse to are no proof. If they were, you might quote your being summoned as proof conclusive. Another mistake often made, is in merely writing the form of the disease, in the space left for reasons. To say that a patient is insane, because he has mania or melancholia or dementia, is equivalent to saying that he is insane, which is no reason at all. I have spoken of the error of not making the certificate full enough, avoid also the opposite error of making it too full. Do not be tempted to put in anything you are not perfectly certain of, just to round it off nicely. Prepare and sign every certificate, as if you had to support and defend it in a court of law, you can not tell how soon you may be called upon to do so. For in the matter of insanity, as in other branches of medicine, suits for malpractice are not uncommon. It is not very plain to be seen why a doctor, who conscientiously, and to the extent of his skill and knowledge, endeavors to do what is proper to be done in a case entrusted to him, and makes a mistake, as all are apt at some time to do, should be held to a stricter account than those in other professions and other walks of life. We never hear of a lawyer's being sued for malpractice, because he has

wrongly advised a client, although in every case where there is a plaintiff and a defendant, one or the other must of necessity have received mistaken legal advice. Nor is it recorded that a clergyman has ever been sued for damages, because he failed to save the soul of a member of his flock, who had paid for a pew with that object. It is to our profession alone that the public look for infallibility, and the implied compliment must reconcile us to the penalties of their and our mistakes.

I shall pass from this subject, and conclude my lecture, by reading to you one or two faulty certificates, and pointing out wherein their faults lie.

"I further certify that I have formed this opinion upon the following grounds: He says that his wife is dead, and that he has lost all his property. He is untidy in his habits, and careless in his dress, neglects his family." Now there is nothing in this description that would not apply to many men whose sanity is never questioned. To make this certificate satisfactory, it should read somewhat as follows.

"He believes that his wife is dead, whereas I know that she is alive and well, and thinks that he has lost all his property, when his partner assures me that their affairs are in a prosperous condition. He is untidy in his habits, careless in dress, neglectful of his family, when formerly as I am aware from personal observation, and the statements of his servants, he was very scrupulous in habits and dress, and of a very affectionate disposition toward his family.

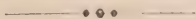
Again. "She swears and uses obscene language continually. Says her husband is unfaithful. Has been drinking hard lately. Claims that a relative endeavored to kill her last night."

You might find a woman of whom all this might be said without her being insane. Written as follows, these reasons assume a different complexion.

“Although all her life a chaste and modest woman, and not in the habit of touching liquor, she has lately and suddenly become intemperate, uses obscene language and acts immodestly. She states that her husband is unfaithful, but can give no reason for thinking so, and claims that an attempt was last night made to kill her by a relative, who is in reality in Europe.”

To conclude with a word of advice, which you may or may not take, as you see fit; inasmuch as the commitment of a patient to an insane asylum is a matter involving no little trouble at the time, and possibly no little annoyance in the future, I should strongly advise you to make it an invariable rule in such cases to exercise the utmost discretion, to hear all that is said, but say as little as possible yourself, and always to keep a memorandum of the case and its chief facts, your advice, prescription, &c., and you will then be able to answer any possible inquiry whether judicial or otherwise.

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REVIEWS AND BOOK NOTICES.

Leçons cliniques sur les Maladies Mentales professées à la Salpêtrière. Par le Docteur Auguste Voisin, Médecin de la Salpêtrière: Paris, 1876.

A comprehensive treatise on the subject of mental diseases, by Aug. Voisin, physician to the "Salpêtrière," at Paris, has been expected, and we welcome the book heartily. It is the first concise and earnest attempt in France, to give to the anatomico-physiological theory of mental diseases its deserved and prominent place. In the preface as well as in the beginning of the fifth lecture, the author says: "I commence this new series of lectures with the conviction more and more impressive, that insanity, above all, is a physical disease. I have made since the year 1870 a certain number of autopsies which have been demonstrative on this point, and I have remarked more and more that a purely moral treatment is entirely insufficient to ameliorate and to cure insanity."*

The clinical pictures drawn in the course of the lectures are selected by a careful and experienced observer, who also gives an account of the treatment and its results, and in fatal cases, of the autopsies, rendered complete by a thorough microscopic examination of the nervous centers.

In the first lecture the author criticises the defects of our present classifications; he rejects all the one sided

* Je commence cette nouvelle série de leçons avec la conviction de plus en plus grande que la folie est surtout une maladie somatique. J'ai fait, depuis 1870, un certain nombre d'autopsies qui ont été démonstratives sur ce point, et j'ai remarqué de plus en plus qu'un traitement purement moral est complètement insuffisant à améliorer et à guérir la folie.

attempts in this direction, and concludes "that a rational classification must be at all times founded upon an *ensemble* of ætiology, pathogeny, of the clinical symptoms and of pathological anatomy." According to this view, he distinguishes in his second lecture six different forms of insanity:

I. *Acquired insanity*, which has been developed during the course of life, and which has been preceded by a normal condition of all intellectual faculties.

II. *Native insanity*, intellectual disorders which manifest themselves in early life, especially consecutive to hereditary disposition and influence.

III. *Insanity developed through intemperance or virus*, the nature of which is marked by their names.

IV. *Cretinism, idiocy, imbecility*, a class in which a great number of characteristic intellectual disorders are counted, whether they arise from an enfeebled state of will and intellect or from a suppression of intellectual faculties, accompanied or not, by deformities.

V. *General paralysis*, the most studied of all the forms of insanity, and concerning which the symptoms and the lesions observed, concur with sufficient exactness, with our present knowledge of the anatomy and the physiology of the nervous system.

VI. *Senile dementia*.

The class of acquired insanity comprehends four varieties; 1, primary or idiopathic insanity; 2, secondary insanity, consecutive upon nervous affections, as epilepsy, hysteria; 3, sensorial insanity, consecutive to sensorial hyperæsthesia or in consequence of lesions of the sensual organs, the latter fully established by M. Galezowsky, to whom the author declares himself indebted for the communication of his investigations into the pathological conditions of the organs of sight and of hearing, in connection with certain forms of insanity; 4, sympathetic

insanity, in an indisputable manner established by M. Loiseau, who first called attention to the fact that the various intellectual disorders are frequently consecutive to peripheric lesions, which by degrees impair the regular functions of will and intellect. This is a very important class of mental disorders and of special interest from a therapeutical point of view.

In regard to the first class, the idiopathic insanity, the author finds it still justifiable to distinguish between conditions, "*sine materia*," that is, conditions in which at present no physical lesions are appreciable, and conditions which are marked by material lesions. But in regard to the former, he remarks that their number diminishes more and more, as we advance in knowledge of the anatomical structure, and the physiological functions of the nervous system. And, indeed, when we consider how rarely it occurs, that in these cases, an opportunity is offered for the detection of pathological changes in the anatomical elements of the nervous system, and how little we know of the influences of chemical processes and agents in organic life, we may for the present, confess our ignorance, but confidently trust to the progress of our knowledge, which of course never will unveil *how* different phenomena are united in nature, but which will in time disclose the laws by which they are connected. The latter, and not the former, is the subject of all human science.

Voisin then discusses from an anatomical and physiological point of view, first, the conditions of hyperæmia and anæmia, and distinguishes between insanity arising from active, and from passive congestion, and insanity from anæmia. Active or arterial congestion is well marked by the exudation of elements of the blood, inside or outside the cerebral tissues, by capillary hæmorrhages, infiltrations of the grey cortex, by

the occurrence of crystals of hæmatine, hæmatosine, by infarctus, and by globular effusions, at different times in different stages of transformation. The membranes of the vessels contain crystals of hæmatine, and sometimes they may be found infiltrated with granule cells, which according to the author, characterizes the most advanced stages of degeneration. The author describes in a precise manner the well known symptoms, and illustrates them by clinical cases. In regard to the treatment, he administers digitalis and veratrum viride in order to increase the tonus of the vascular system, and hydrotherapy, for the purpose of diminishing the current of the blood, the latter in the form of wrapping the patient in wet cloths, by which such a retardation of the circulation is effected that the pulse in one minute will be reduced from seventy-two to fifty.

Passive congestion is produced by a stasis of the blood in the capillaries, by which the tonus of the arteries is diminished; and also by the influence of an atheromatous condition. The stagnation of the blood in the capillaries, favors a transudation of its elements, which are found in the tissues, in all the more or less advanced stages of retrogression. This form of congestion is most frequently found in certain cases of cachexy from organic diseases, and at the same time is accompanied by anæmic conditions in other parts of the centers.

The well known anatomy and physiology of simple anæmia and chloro-anæmia illustrated by the communication of clinical cases concludes the second lecture.

Lecture III. Insanity from Atheroma of the Arteries. "Insanity from anæmia consecutive upon an atheromatous condition has not, so far as I know," says the author, "been prominently noticed up to the present day, although it seems to occur not unfrequently. The lesions of course, could not be recognized, but by

the microscope, which in aid of clinical diagnosis, and rational therapeutics, has been already of so great service to the pathology, and the treatment of insanity. This kind of lesion harmonizes very well with the role, which we rightly allot to passions, grief and excesses in the genesis of insanity. On the one hand, the very frequent occurrence of affections of the heart in the insane, has been long noticed, and on the other it has been observed that the so-called moral causes often arise from diseases of the heart, and we may add, from diseases of the arterial system, especially that of the nervous centres." The author then gives an anatomical description of these lesions. The main, and larger arteries are already characterized to the naked eye, by the presence of numerous yellowish-white spots, the membranes frequently calcified. The microscope discloses the remarkable changes which have occurred in the capillary system of the meninges and of the brain itself. They consist especially of fatty granulations in the bifurcations of the vessels, and above all, in the lymphatic spaces, the membranes are infiltrated with fat, and they become hyaline and opaque. These changes must be regarded as quite analogous to those observed in senile dementia, and they indicate, indeed, a condition of a premature senescence, so frequently met with in the insane. Symptomatically, the author distinguishes two types of insanity from atheroma, which are primitively different according to the site of the affections. The one is marked by sensorial impressions, illusions, hallucinations, which are predominant during a certain time; in the other form, the disorder manifests itself by delirious conceptions, and errors of imagination. The results of these lesions, are of course, mainly connected with disturbances of nutrition of the nervous centers, and they lead subsequently to a more or less extended de-

generation of its elements, to atrophy, to necrosis, or to transformation into granule cells, etc. The last part of the lecture, treats briefly, of insanity consecutive upon intra-cranial tumors.

Lecture IV. On a form of spinal meningitis located in the posterior half of the cord in general paralysis. Its insidious character, its prognosis, and possible confusion with simple sciatica. The author gives clinical cases and a description of the anatomical character of the disease. The lesions present themselves as follows; 1, the author found a pronounced vascularity of the pia mater and the arachnoidea covering the posterior half of the spinal cord; transparent miliary granulations enclosed in a web of very fine connective tissue fibres, thickening of the membranes of the vessels and a great number of oblong nuclei in a state of proliferation. In more advanced stages the meninges are remarkably thickened, the arachnoid loses its transparency, shows numerous opalescent patches and is adherent to the pia. Subsequently the thickened membranes form a kind of globular wrapper which involves more or less the roots of the nerves, while the posterior columns of the cord, beneath the thickened parts of the meninges, become sclerosed.

Lecture V. On lesions of the cells of the cerebrum in simple insanity, three degrees; alterations of the capillaries of the brain; primitive localization of the lesions in the parietal convolutions; concordance of these alterations with thermometrical observations made by Schiff. Of the different vascular lesions observed, a short account has already been given. In regard to the nerve cells, the author distinguishes three degrees of pathological changes; 1, the protoplasm undergoes a fatty or a pigmentary degeneration, (fatty and pigment infiltration.) The nucleus and the nucle-

olus are intact, the axis-cylinder presents no apparent modifications; 2, the protoplasm appears partly re-absorbed; the outlines of the cells are more or less shrivelled. At this stage portions of the protoplasm sometimes disappear entirely, leaving hollow spaces in the cells, which themselves become opaque, granular, pigmented and irregular in outline. The nucleus is still visible, but the axis-cylinder atrophied and filiform, the other prolongations in the same condition; 3, the protoplasm has mostly disappeared, the outlines of the nucleus are as indistinct as those of the cells; these are irregular in form, frequently of a rusty color. The prolongations are disintegrated or have disappeared, and the axis-cylinder is separated from the body of the cell. The corpuscle at this state resembles an isolated body of a still triangular form, or a pigmented mass, or a mass consisting of granules in the center of which the remains of the nucleus are frequently visible. Five clinical cases are given, with the autopsies and a number of drawings, illustrating the observed conditions. The author calls attention to the localization of these primitive lesions, and to the sympathetic influences of these upon other parts of the nervous centers which anatomically are still in a normal state, but which may, however, manifest remarkable physiological disturbances. In insanity of a sensorial, a hallucinatory and a sympathetic origin, Voisin has found the primitive lesions, and the first functional disturbances in the parietal convolutions of the hemispheres, an interesting fact which eminently agrees with the results of some experimental researches made by Schiff, that an excitation of the special auditory nerve, of the olfactory and of the optic nerve at all times increases the heat, especially in the parietal convolutions of the brain.

Lecture VI. On insanity from stenosis of the vessels of the cerebrum, with spasm of the organs of vegetative and animal life. In order to diagnosticate cases of insanity arising from stenosis of the vessels, the author regards the psychical symptoms entirely insufficient, and he demands the application of the most thorough physical examination as in all other bodily diseases. The anatomical results of these lesions are an anæmic condition of the nervous centers, and subsequently a dyscrasia of the nervous system, which manifests itself in the cells and in the medullary and in the peripheric fibres, and in the ganglionic system. The lesions are for the most part connected with affections of the lungs, the stomach, the intestines, the kidneys, the ovaries, the uterus, the urinary bladder, the glands and the nervous papillæ of the skin. The forms of insanity which arise from these anatomical conditions are the forms of melancholia with or without stupor, in which the patients refuse food and fail rapidly, if appropriate treatment is not employed in time. "If the precept is true," says the author, "*naturam morborum ostendunt curationes*, it affirms the opinion which I have in regard to this variety of insanity; the patients which I have cured by hydro-chloride of morphia have all shown, before recovery, the physical signs which indicated a cessation of the stenosis." Clinical cases are presented in support of the claims of the author, also illustrated by photographs of a patient before and after recovery.

Lecture VII. Sensorial insanity. The author here also bases the discussion of the subject mainly upon solid physical grounds against the position generally occupied by other authors, that the influences of memory and imagination play the most important role. Without denying, however, the influence of the latter

in some cases the author warns against exaggerating their importance. From this standpoint, Voisin directs attention to ; *a*, insanity connected with hyperæsthesia of the eye ; *b*, insanity connected with irritative lesions of the eye ; *c*, insanity connected with hyperæsthesia and irritation of the sense of hearing. The valuable contributions of Galezowsky and other authors are given in detail.

Lecture VIII. On insanity concomitant with hyperæsthesia of the cerebro-spinal system, and the great sympathetic. Neuralgic manifestations are too frequently observed in the insane not to give rise to the supposition that they are the efficient causes of mental disorders. The author mentions neuralgia of the upper and the lower limbs, of the sexual organs, also abdominal, intercostal, cervical, facial and sincipital neuralgias, gastralgia, etc. Interesting cases are given to support this supposition, cases in which the psychological symptoms disappeared, at the same rate as the local physical affections were checked.

Lecture IX. Sympathetic insanity, alterations of the ganglion semilunare, (the abdominal ganglion of the great sympathetic.) The mental disorders, created by reflex action upon the nervous centers from a diseased condition, or functional disturbances, or deformities of other organs of the body, embrace a wide field, and demand the full attention and sagacity of the medical practitioner. They are lingering, insidious and obscure, the primary causes often discovered only with great difficulty. The literature on this subject is voluminous, but each addition to it is of special interest. We owe here also to the demonstration of microscopic anatomy, and to experimental physiology and pathology, a steady clearing up of many obscure relations. The author himself enlarges our knowledge

by the communication of a number of well observed facts, which space does not permit us to give in particular. The two cases reported, in which the insanity was preceded by an abdominal affection, and in which the microscopic examination after death revealed an extensive degeneration of the ganglion semilunare are of general interest. The one was a hypochondriac with illusions, the other a melancholic with constant ideas of suicide. The lesions observed in the ganglion, consisted in a rarefaction and a partial necrosis of the nervous tissue concomitant with the presence of a great quantity of embryoplastic nuclei and fusiform bodies.

Lecture X. Insanity of youth. The author ranges under this form of insanity, the cases of mental disorders in persons under the eighteenth year of age. It is not to be confounded with idiocy, imbecility, nor with degenerescence, or with an arrest in the development of parts of the nervous centers. Predisposition, however, and hereditary influences are not to be underestimated. Blunders in bodily and mental training with their consequences, functional irregularities and dialysis of the nervous system from bad habits, above all, masturbation, etc., play the most important role in the development of these disorders.

Lecture XI. On insanity, caused by the siege of Paris, and by the Commune. The author discusses the psychical influences of the excitement and the turmoil during the siege of Paris and the civil war. The cases reported are traced back for the most part to anæmia and congestive conditions.

Lecture XII. Tubercular insanity. It manifests itself generally, under the form of melancholia, with hereditary predisposition, or developed tuberculosis in other organs. The author distinguishes three forms of anatomical lesions, tuberculosis of the meninges, two

stages, and tuberculosis of the gray cortex. He discusses its connection with tuberculosis in other organs and reports cases with full history, treatment and autopsies.

Lecture XIII. On the mental condition in acute and chronic alcoholism. Lecture XIV. Chronic intellectual disorders in chronic alcoholism and absynthism. Fifty-seven pages are devoted by the author, to a matter of so great medical, as well as economical importance, and thirty-seven cases are reported to illustrate the discussion. Without entering into detail, we present the heads of the chapters of the two lectures. Lecture XIII. 1, On acute alcoholic delirium; 2, On acute delirium, in persons who are afflicted with chronic alcoholism; 3, On delirium connected with ideas of pride and self-satisfaction.

Lecture XIV. 1, Amnesia, (loss of memory,) and aphasia from amnesia; 2, Disorders of consciousness; 3, On singularity and originality in the character, and certain actions; 4, Disturbances of the moral faculties; 5, Melancholic state, hallucinations; 6, Stupor, intellectual dullness, brutishness, imbecility, stupidity; 7, Ambitious delirium, ideas of satisfaction, of pride; 8, Mental conditions of chronic alcoholists in acute diseases.

Lecture XV. On the disorders of speech in general paralysis, one of the most interesting lectures. "We have observed," the author says, "in paresis, some varieties in the disorders of speech. Each of these varieties has its special value in a diagnostic and prognostic point of view. To describe these different disorders in a manner that physicians, who are no specialists in mental diseases, might recognize them, would be of great service to our science. Unfortunately this task is very difficult, as there are shades between

different phenomena, which we can not present without having the patient before us. For this reason, we often see observers deceiving themselves, and confounding in their descriptions, for instance, *l'annonnement*, with *bégagement*, with *bredouillement*, with *tremblement* of speech. We will, therefore, not undertake beforehand to describe these different disorders. Starting from the data of normal and pathological physiology, we will seek to discover what may be the disturbance of articulate speech, which may correspond to each specific lesion already recognized. In doing this, we go back with advantage to the solid grounds of observation, and a patient before us, afflicted with such disturbances of speech, will enable us to determine whether these depend upon a defect of intellectual function, or upon a defect of functions of coördinate organs. In other words, we can differentiate between that condition which arises from dementia, and that arising from ataxy; in one word, we will arrive at the point of recognizing *l'annonnement*, stammering, and *hesitation* of speech from *bégagement* or *tremblement*, stuttering. There are paretics who do not speak at all; this study of pathological physiology, will also inform us of the cause of this mutism. It depends in certain cases upon an absolute absence of ideas, in others upon an impossibility of pronouncing the words; it may depend upon a pure psychical disorder, and we conceive that in different cases the prognosis varies singularly."

The author continues: "Articulate speech requires, 1, the existence of an organ, where the ideas are elaborated; 2, the existence of a series of apparatus by the functions of which, the primitive ideas are made sensible. A part of this apparatus stands under the direct dependence of volition.

I. The organ where the ideas are elaborated, or if it is preferred, the organ by the medium of which, the

ideas are developed, is undoubtedly the peripheric part of the anterior lobe of the cerebrum.

II. The apparatus, by the play of which, the primitive ideas are transformed into articulate language, are, 1, a series of conductive fibres, which extend from the periphery of the brain, down to its protuberance at the base, passing through the corpus striatum, or through parts in its neighborhood; 2, a series of nerve-cells, which are found in the medulla oblongata and which transfer to the nerves of the medulla the primitive impressions, and the orders given by the will, relating to the expression of the primitive ideas; 3, the nerves of the medulla, the hypo-glossus, the facialis, etc.; 4, the numerous muscles innervated by these nerves."

The author then explains that a morbid affection, or a degeneration of one or more of these parts can but be followed by more or less disturbance, observable in the manner of speech of persons thus affected, and that the microscopic examination of the organs in question, has most satisfactorily proved this supposition. Thus he discovered that *l'annonnement*, *trainement*, *hesitation*, are created by lesions of the cerebral cortex, that *bredouillment*, *bégagement*, *tremblement*, are the result of pathological changes in the medulla oblongata. The mutism is perhaps consecutive upon cerebral lesions, and upon those of the muscles, and the nerves of the tongue and the lips.

The author then gives the following practical hints for a right comprehension and discrimination of the phenomena in question.

A. *L'annonnement* is that embarrassment of speech which is produced by a retardation in the presentation and the emission of letters, syllables and words. In this form of embarrassment the persons employ in an exaggerated manner the vowel a. It is the same abuse

of the sound a, which has given rise to the name; *l'annonnement*. The cause of this retardation is a slowness of mental action, and a lack of memory; it is one of the symptoms of dementia in paralytic insanity. When the patients which *annonnent* are still in a comparatively early stage of dementia we observe when writing, that they drop letters and words. This defect is of the same cerebral origin. *L'annonnement* is generally observed in the more advanced stages of the disease, but in certain cases, also in its beginning, and the patients pass over by degrees from a normal state of intellect to the state of dementia. Their intellectual horizon sinks imperceptibly to the surroundings, without any grave occurrences and without any appreciable physical disorders which announce the danger. The prognosis is grave in regard to the intellect of the individual, since there is no hope that the cause which has induced the commencement of the dementia, and subsequently the *annonnement* of the speech will retrocede spontaneously.

B. At the same time as *l'annonnement* we observe frequently that the speech is *hesitating* and *drawing*, these two forms of embarrassment of speech indicate the same causes as *l'annonnement*. They are an intellectual disorder, a certain slowness in the emission of ideas, a certain difficulty in finding the right word, a defective state of memory. Hesitation of speech is for the most part concomitant with hesitation in actions, which characterizes the same intellectual debility.

* C. *Trembling of the speech*. Trembling of the voice belongs to the class of ataxy. It consists in pronouncing the syllables into which the words are separated in intervals, which are not isochronal. It is a stammering of persons in choleric or intoxicated conditions. It is distinguished from scanned speech by the non-

isochronism of the intervals. In regard to general paralysis, it is of great value in a diagnostic point of view, as it is most frequently observed in the earliest stages of the disease. In the course of a diffuse pericéphalitis, we can observe all the degrees of the trembling of speech. In the beginning it is sometime so little appreciable that it escapes our attention. We must, therefore, examine with the greatest care; a slight trembling of the speech is an inconstant phenomenon; it is perceptible one day and not on another; it is, therefore, necessary to observe the patient for several days if we suspect paresis and not to base our diagnosis upon a single examination, especially if it be of a negative character. The trembling of speech is very frequently concomitant with other symptoms which aid the diagnosis. So the trembling of muscles, a fibrillous trembling of the muscles of the face, of the tongue, inequality of the pupils, not to speak of signs evidenced by delirium, when it exists, by cerebral excitations, and most frequently by an intellectual debility. The trembling can attain a degree in which the emission of sound becomes almost impossible. At the same time the tongue is agitated in movements which resemble those of a permanent concussion. The trembling of speech in alcoholism resembles that in paresis, and a diagnosis based solely on its occurrence might be deceptive, but the concomitant physical symptoms facilitate our judgment.

D. *Le bégaiement*, stuttering, is a disorder of speech characterized by a successive repetition of the same syllables and words, accompanied by a painful effort in phonating and articulating the words. Its diagnostical value is not demonstrative as the *bégaiement* can be congenital, or caused by unknown influences. In regard to the latter, the author presents a young man who has

become *béque* by degrees in the course of ten years. He is not a paretic, and the cause of the phenomenon is entirely obscure.

Le bredrouillement, considered in persons who are not paretics, is characterized by a precipitation in the emission of syllables. It is not necessary that the speech be abnormally hastened where *bredrouillement* exists. It is a discordance between the functions of the medulla and those of the cortex cerebri and the muscles and nerves which are innervated by the centers in the medulla, in persons who *bredrouille*, seem not to have time to execute the orders given by the will. It is in paretics a symptom which manifests ataxy; but it can be a congenital infirmity; it is observed in chronic alcoholism and inebriety.

All these disorders of speech may occur separately, especially in the beginning of the disease. The trembling is most frequently found isolated, and of all, has the greatest diagnostic value, and the greatest clinical interest. But in the more advanced stages of the disease it is concomitant with other disorders of a cerebral origin, as *l'anonnement*, which are the signs of a demented condition, and there is no paresis without dementia, or if the term is preferred, without intellectual enfeeblement.

In conclusion we recommend this valuable volume to our readers and friends, the more as the results obtained by the author, so fully concur with those arrived at by observations and investigations, carried on in this Asylum, and which have been communicated in articles published in this JOURNAL.

Insanity in its Medico-legal Relations. A. C. COWPERTHWAIT, A. M., M. D., Philadelphia: J. M. Stoddart & Co., 1876.

This is a monograph of eighty pages. The author announces in the preface, "that he does not flatter him-

self that he is bringing forward any strikingly new or original ideas in regard to insanity." This is well and truthfully said, and no one will, we think, find fault with the position, and it may be added, that in presenting the views of others the author does not show good judgment in selecting those which are really scientific and valuable. From neither his extracts or comments would we conclude he had derived any advantage from "a somewhat extended experience of his own." Perhaps nothing could better illustrate the jumble of views presented, than the list of authors he has laid under contribution. We have followed nearly his own arrangement according to the amount of material furnished by each. They are Maudsley, Hammond, Ray, Wynter, Bucknill and Tuke, Griesinger, Cowperthwait and the *New York Tribune*. This reminds us of an old fashioned patch-work quilt, with this difference, that in the latter attention was paid to harmony, both in form and color of the pieces. In the seven chapters, the subjects of pathology, classification, diagnosis, criminal responsibility of the insane, epileptic insanity, and treatment are considered. These are preceded by an introduction, and followed by an index of nearly two pages, which, however, are filled out by an "errata" giving fourteen corrections of the text. The book is claimed "to contain the essential facts relating to the pathology and diagnosis, and the legal relations of insanity which should be familiar to every physician and the knowledge of which is of absolute necessity to him when called upon to testify in courts of justice." This claim, however, can not be allowed, as we can not conceive of the book being of value either to the science of medical jurisprudence or to the profession, and consider it fortunate that the latter is not restricted to it for knowledge of the subject of insanity.

Science and Miracle, Louise Lateau, ou la Stigmatisée Belge. Par le, Dr. BOURNEVILLE.

Dr. Bourneville reports the case of Louise Lateau, one of stigmatism in Belgium, which has attracted much attention. The history and analysis strip the case of all the miraculous or supernatural characteristics which were thrown around it by some observers, and give it its true place as one of nervous disease of a hysterical type.

REVIEW OF AMERICAN ASYLUM REPORTS FOR 1875.

MAINE. *Report of the Maine Insane Hospital: 1875.* Dr. H. M. HARLOW.

There were in the Hospital, at date of last report, 393 patients. Admitted since, 188. Total, 581. Discharged recovered, 68. Improved, 31. Unimproved, 27. Died, 52. Total, 178. Remaining under treatment, 403.

This is the thirty-fifth annual report of the Hospital. The statistics of the Institution show that 40.02 per cent. of all those admitted have been discharged recovered, 17.35 improved, 15.28 unimproved, 18.53 per cent. died. Thus it appears that more than half of all those received into it have been either restored or improved in their mental condition, while about one-sixth were discharged unimproved, and about the same proportion died.

Dr. Harlow refers to the alarming increase in the number of suicides which are annually taking place in this country, and deprecates the practice of the newspapers in publishing them with all the details of their accomplishment, broad-cast through the land. "As now treated, suicides have a notoriety scarcely less pub-

lic than the most worthy acts and events of life." It is to be regretted that a taste for these items of news has been developed, by being constantly presented to the eye of the public, and we doubt not the influence of these records has been powerfully felt in increasing the number of suicides and suicidal attempts in both the sane and insane.

The new chapel building which was erected in front of the Asylum buildings, and from its location was deemed unsuitable for the purpose intended, has been converted into wards for the patients of the quiet class. A new building has been erected, and is now ready for occupancy. It is located eighty-five feet in rear of the center building, and contains on the first floor a kitchen and store rooms, bakery, &c., in the second story, a sewing room, rooms for sick, attendants and help, and in the third story, a chapel and amusement hall. Three new boilers have been purchased and set, about three acres of land, diversified by lawns, ravines and miniature woods have been inclosed as a pleasure ground, and afford advantages for out of door amusement and exercise never before enjoyed. Repairs have been made as demanded by the condition of the buildings.

MASSACHUSETTS. *Twenty-Second Annual Report of the State Lunatic Hospital at Taunton*: 1875. Dr. W. W. GODDING.

There were in the Hospital, at date of last report, 508 patients. Admitted since, 477. Total, 985. Discharged recovered, 114. Improved, 150. Unimproved, 52. Died, 67. Total, 383. Remaining under treatment, 602.

As swelling the ratio of recoveries, Dr. Godding reports two or three who "recovered" from the effects of stimulants only to return to their cups, to be recommitted within the year.

The remedy which the Doctor proposes, is one which receives the support of some men of acknowledged experience with inebriates, and of a constantly increasing number of intelligent people, who have given the subject thought. It is the establishment of an inebriate reformatory where confirmed cases of this kind can be kept at work for a term of years. Upon the great increase of chronic lunacy, the Doctor makes the following remarks.

There is another point, however, which naturally connects with this, to which I fear attention has never been called, and which, I think, it is quite as important that the public should know. In 1860, of all the patients received at this hospital, more than sixty-seven per cent. belonged to that very curable class; that is, had been less than six months insane on admission. In 1865 they were still about fifty-eight per cent. of the number admitted. In 1870 they were only forty-eight per cent., and in the admissions of the last year they had fallen even below thirty-eight per cent. Where it will be five years hence I do not undertake to say. It is true these have been rather exceptional years, but take the five years ending with 1860, the per cent. is sixty-three, nearly; the five years ending with 1865, it is a little more than fifty-eight; the next five years it falls to forty-eight; and for the last five years, it is rather more than forty-three per cent. What is the meaning of all this? It can not be said in our case that this is due to the transfer of chronic cases from other hospitals; for since the first two years, when transfers were made from Worcester, which time is purposely omitted from this calculation, our patients have come directly from the towns and people at large. This falling off in curable cases, and startling increase of chronic insanity on admission, I take to be due, in a great measure at least, to the efforts of the philanthropists, falsely so-called. They may be proud of their work, feeling that if all the recent cases were kept at home they would all recover; but if so, whence come all these chronic cases which have of late been poured into our hospitals, in a way to impress us with the belief that insanity was increasing at an alarming rate? I fear they are some of the fruits of their labors. We have been accustomed to regard the typical modern philanthropists of the last dozen years as impracticable, but on the whole harmless. Their hobby has been personal liberty, the greatest freedom

of the individual, and as an almost necessary corollary of this, that the treatment of the insane by restraint in hospitals is entirely erroneous. They study humanity in the abstract, and wholly ignore the fact that insanity is a disease; feeling that it would be a misuse of the English language to call the medical officer in charge of a hospital anything but a keeper, they assume that he is a brute; always ready to tinker the laws that apply to the insane, but never to take any individual responsibility in their care; grand in generalities, with a wholesome scorn for the contemptible details of facts; men of kindly lives and generous impulses, groping after truth, they are fastened upon by every crazy old woman who wishes legislation undertaken touching the wrongs of the insane. Accordingly, legislatures are besieged, tales of abuse in hospitals judiciously inserted in all the leading papers, whose proprietors are only too willing to have something sensational to make them sell, commissions are appointed, investigations ordered, and another effort made to enlighten the public in regard to the unfortunate insane. All this may be very good for the officers of the hospitals, as preventing them from being puffed up with pride or having too easy a time, but there is also a darker side to the picture. How many relatives of friends under treatment in hospitals have thereby an added load to a burden already heavy enough to bear? Was it necessary to harrow with a nameless distrust and fear the heart already bowed with the anguish of a living widowhood? How many are living to-day outside of hospitals, a constant anxiety to their friends and a burden to society for support, who were treated at home on account of the tirade against hospitals! Taken there at first, they might have gone out well in a few months,—sooner or later, now, they will go there for life. “We kept her just as long as we could, for we dreaded to bring her to a hospital.” How often I hear it, and mentally I ask the question. Having kept her so long, why did you bring her at all? For a glance at a face that was young shows me that the light has gone out in the eye, and dementia has come where at first there was only mania. Standing in the presence of these blighted lives, I forget to be patient with a philanthropy whose blundering imbecility is little short of crime. For years Massachusetts has been overtaxed to support “isms.” She needs rest—and in that belief the last legislature voted to dispense with all further commissions and committees to investigate the condition of the insane, to which I think all who are honestly working for the best interests of that unfortunate class will say amen.

MASSACHUSETTS. *Forty-Third Annual Report of the State Lunatic Hospital at Worcester: 1875.* Dr. B. D. EASTMAN.

There were in the Hospital, at date of last report, 485 patients. Admitted since, 362. Total, 847. Discharged recovered, 90. Improved, 147. Unimproved, 63. Died, 67. Not insane, 2. Total, 369. Remaining under treatment, 478.

Dr. Eastman, in a short review of the subject of recovery from insanity, reaches the conclusion that the percentage of recoveries is much less than claimed by many statisticians, and will probably, under the most favorable circumstances not exceed fifty per cent. He still urges the employment, at the earliest moment practicable, of the use of such remedial measures as are to be found in institutions for the insane. Regarding the incarceration of sane people in asylums, the Doctor testifies, that after an experience of twelve years with more than four thousand patients he has never known a single sane person to be maliciously sent to a lunatic hospital. The current expenses of the Hospital show a less rate per week, by a few cents, than during the previous year. This is owing to the larger number under treatment. Satisfactory progress is reported upon the new Hospital buildings, and if appropriations are made, they will be completed by the time originally designated.

MASSACHUSETTS. *Twentieth Annual Report of the State Lunatic Hospital at Northampton: 1875.* Dr. PLINY EARLE.

There were in the Hospital, at date of last report, 476 patients. Admitted since, 153. Total, 629. Discharged recovered, 29. Improved, 45. Unimproved, 38. Died, 41. Total, 153. Remaining under treatment, 476.

It should, in justice to the Institution, be said, that the small ratio of recoveries is owing to the fact that

fully nineteen twentieths are of the "incurable" class. The subject of periodical and recurrent mania is spoken of, and reference made to the action of the Association of Superintendents in 1846, regarding the status of these cases. The unanimous agreement being that no person of this class should be discharged recovered more than once during the same year. One person is said to have been thus discharged six times in one year, and another person during a lifetime added forty-six to the list of recoveries in different American institutions. This case reminds one of the repeaters who add so many votes to their favored party. The Doctor presents an amusing account of the operation of the law regulating the correspondence of patients with the different supervisory boards, whom they were allowed to address through the postal boxes placed in the wards. Of those there were twenty-one in the various wards of the Hospital. During the year, *three* letters were placed in these boxes, one addressed to the Board of State Charities, one to the Secretary of the same and one to the Superintendent, The contents of two of them are given, both of which are of such an evidently insane character as at once to stamp their writers as being proper persons for treatment, and retention in an Asylum. No stronger argument against the utter folly and uselessness of such a law could be presented, than the copy of the letter in the report.

The Doctor adduces further proof in support of the project of erecting separate institutions for the care and treatment of epileptics. The financial exhibit, during the decade just past, is most creditable to the officers in charge of the Hospital, and gratifying to the people of the State. From the current funds, there has been paid out, for improvements and repairs, \$109,112.50 while the increase in land, in furniture, in supplies and

cash assets, amounts to \$45,014.69, making a total of \$154,127.19 to the credit of the Hospital. We would not draw any invidious distinctions, or make comparison between institutions, as their conditions and circumstances are never sufficiently alike, to enable this to be done with justice, but this statement entitles the Northampton Hospital to a foremost position as regards its finances among the charitable institutions of the land.

MASSACHUSETTS. *Report of the Commissioners, upon the erection of the New Hospital for the Insane, in the north-eastern part of the Commonwealth: Danvers: 1875.*

This pamphlet contains the report of the Commissioners, the engineer, the architect, and of Dr. C. A. Walker, the Medical Adviser. It gives in detail a description of the buildings and appurtenances belonging thereto. The plan is of the segregate system, and consists of buildings, containing a ward in each story, and connected by corridors. This feature is reproduced from the plan of the Buffalo Asylum in this State. Provision is made for 360 patients in single rooms, and 90 in associate dormitories, while 150, can be accommodated in the attic rooms, making a total of 600 patients. Thus far, \$900,000 have been appropriated, and \$600,000 are now asked to complete the buildings. This amount given promptly, will enable the Commissioners to complete the Asylum for the reception of patients by the middle of 1877. The plan, the architecture, the style, and the thoroughness and permanence of the work already performed, receive the approbation of Drs. Earle, Ray, Godding, Jelly and Walker, whose letters of commendation conclude the report.

RHODE ISLAND. *Thirty-Second Report of the Butler Hospital, for the Insane: 1875.* DR. JOHN W. SAWYER.

There were in the Hospital, at date of last report, 127 patients. Admitted since, 102. Total, 229. Discharged recovered, 37. Improved, 21. Unimproved, 14. Died, 14. Total, 83. Remaining under treatment, 143.

The report contains a description of the new "Duncan Ward," which is now completed, and occupied by women patients. It is two stories high, one hundred and twenty-four feet long, and thirty-eight feet in width. It has a southern extension, and a beautiful outlook, and contains, in addition to the other accommodations for patients, an infirmary where the sick can be visited and cared for by friends, without passing through the wards, or interfering in any way with the routine of duties of the house. An extension has also been made to the north wing, which contains dining rooms, and other needed conveniences. The construction and finish, are durable and tasteful, and the arrangements for heating and ventilating, accomplish their objects most satisfactorily. The connection with the city water works has been made, and a full supply of water for all household purposes, and for protection against fires has been obtained. The trustees and superintendent notice with heartfelt regret the death of Robert H. Ives, Esq., who had been identified with the Hospital, since the date of its organization, as an earnest and active member, and Secretary of the Board. His loss is deeply felt, and the resolutions to his memory, passed by the Board, give fitting expression to their feelings of sorrow, and of appreciation of his worth.

NEW YORK. *Fifth Annual Report of the Buffalo State Asylum: 1875.*

This contains the report of the Board of Managers, of the architect, and the building superintendent.

The amount already expended is \$758,599.03. To complete the administration building, male wards A and B, kitchen, workshop, boiler room, fan room and bakery, an appropriation of \$200,500 is asked. To inclose and complete wards C, D and E, a somewhat larger amount is required. The managers urge upon the Legislature to make provision for the completion of the building, on the ground of duty to the insane, and that it is for the interest of the State to make the past appropriations available.

NEW YORK. *Seventh Annual Report of the Willard Asylum for the Insane: 1875.* Dr. J. B. CHAPIN.

There were in the Asylum, at date of last report, 905 patients. Admitted since, 179. Total, 1,084. Discharged recovered, 3. Improved, 17. Unimproved, 12. Died, 49. Total, 81. Remaining under treatment, 1,003.

In one table is presented the duration of insane life, in those who have died during the past five years. The general average for the whole number is 10.8 years, which is less than former computations, which have ranged from eighteen to twenty-two years. Dr. Chapin makes some remarks upon the increase of insanity in the State, the percentage of which he shows exceeds that of the population, and thinks it can not be accounted for on the ground of the erection of new asylums, and the consequent bringing to light cases heretofore concealed. It is a matter of observation that among the patients of that Asylum the great burden of insanity occurs, not among the pauper, or the wealthy, but the middling and laboring class of society. Of the patients received into the Asylum, eighty-five per cent. were reported to have had self-supporting occupations. In tracing the causes of chronic insanity, it is found that the insane of the

above mentioned class, do not receive the prompt treatment which is rendered the indigent and dependent classes, or in other words, the public does better for them, than they are able to do for themselves, as owing to their inability to pay for treatment, they are retained at home, until all ground for hope is passed, and the exhaustion of means, threatens pauperism to the entire family. From these facts, the urgent appeal is made that all the recent and curable insane should be transferred to an asylum for their treatment. From the report of the Board of State Charities, the statement is made, that in 1871, 1,670 persons, or one for every 2,624, became insane, and that this is about the percentage annually. Of this number, probably forty per cent. will recover, while sixty per cent. will die, or lapse into a chronic condition. In 1871, there were 6,775 insane in the State, of which only sixteen per cent. were of less than one year's duration. This same disproportion between the acute and chronic insane also exists in England and all the older countries. The policy in regard to the acute cases is already settled, that they are to be treated in special asylums, but the question what shall be done with the chronic class is still an open one, and can not be considered as definitely fixed. The operation of the Willard Asylum, in the care of the chronic insane, has given satisfaction to those concerned in its management, and the Legislature is urged to continue appropriations to extend the accommodations until the limit, consistent with efficient and proper administration, shall have been reached. The capacity of the present structures is 1,200, how much it is believed this may be increased to advantage, we are not informed.

NEW JERSEY. *Annual Report of the New Jersey State Lunatic Asylum*: 1875. Dr. H. A. BUTTOLPH.

There were in the Asylum, at date of last report, 655 patients. Admitted since, 218. Total, 873. Discharged recovered, 60. Improved, 54. Unimproved, 6. Eloped, 2. Died, 47. Total, 169. Remaining under treatment, 714.

Dr. Buttolph announces his acceptance of the appointment to the superintendency of the new asylum at Morristown, and his probable removal early the coming summer. He closes this, his last report of the Asylum, with an historical sketch of its inception and construction. The death of the steward, Mr. Caleb Sager, who had been connected with the Institution from its opening, and also that of Dr. Schenck, after a service of one year, are sad incidents of the annual record. Dr. James Hallock, the successor of Dr. Schenck, presents his resignation, to take effect as soon as a substitute can be obtained.

NEW JERSEY. *Report of the Commissioners to select a site and build an Asylum for the Insane*: 1875.

The report gives in detail the expenditures for construction, and an estimate of the amount needed to fully complete the Asylum for the reception of patients. About two millions have been expended, and \$250,000 more is asked from the Legislature. Accommodations for 800 patients are provided. The work is far advanced, and it is hoped the Asylum will be ready for occupancy by May of the present year.

PENNSYLVANIA. *Report of the Pennsylvania Hospital for the Insane*: 1875. Dr. THOMAS S. KIRKBRIDE.

There were in the Hospital, at date of last report, 416 patients. Admitted since, 268. Total, 684. Dis-

charged recovered, 112. Improved, 66. Unimproved, 44. Died, 43. Total, 265. Remaining under treatment, 419.

In addition to the remarks, descriptive of the amusements and occupations afforded the patients, and the various improvements of the year, Dr. Kirkbride has presented in a forcible and instructive manner the claims of the insane of the State, and the necessity of increased accommodations. He advocates the erection of two institutions, one for each sex in the eastern section of the State. These are already demanded for the City of Philadelphia alone, which has now 1,200 insane crowded into a building of a scant capacity for 600. The failure of the last Legislature to make appropriations for the extension of the Asylum at Danville, and for the erection of the one already commenced at Warren, is deprecated in behalf of the 600 cases of insanity which have occurred during the year, many of whom now languish in the jails and almshouses, and a large number will probably pass into a chronic and incurable stage from the lack of proper treatment. The care of the insane—a centennial retrospect—is the heading of an interesting chapter of the report. In 1751 the Pennsylvania Hospital was organized, and on the 11th of February, 1752, the first insane patient was admitted to its wards. From that time to the present it has continued the beneficent work of caring for this unfortunate class. In 1773, the Asylum at Williamsburgh, Virginia, the first State Institution was opened for patients. There are now, or in process of erection, seventy-six hospitals for the insane, which will accommodate 29,000 patients. As indicative of the advance of the century, reference is made to the ideas now so generally entertained regarding the causation of the disease and the correct mode of treatment of the insane ;

to the dissemination of knowledge among the people, and the profession, by which much of the mysticism which enshrouded the subject has been dispelled, and the prejudice against asylums correspondingly removed. Lectures on mental disorders have been delivered in the various medical schools; anatomical and microscopical researches are being conducted in the interest of science, while the literature of the subject has been enriched by the writings of those whose names are an honor to the profession and the country. To this period also belongs the credit of having started the first quarterly journal in the English language, devoted to this specialty, which, after an existence of thirty-two years still flourishes. As a result of this progress, the opinion is expressed, that at no distant day, it will be a recognized principle that the State is bound by every dictate of humanity, justice and enlightened economy, to make provision for all its insane in institutions of a high order.

PENNSYLVANIA. *Report of the Managers of the Western Pennsylvania Hospital for the Insane: 1875.* Dr. JOSEPH A. REED.

There were in the Hospital, at date of last report, 512 patients. Admitted during the following ten months, 170. Total, 682. Discharged recovered, 64. Improved, 46. Unimproved, 43. Died, 38. Total, 191. Remaining under treatment, 491.

The fiscal year of the Institution has been made to close with September instead of November, which makes the present report to embrace the period of ten months only. The report repeats the old story of crowding, five hundred patients being made to occupy the space intended for four hundred. Great inconvenience was experienced from the loss of the legislative bill making the usual appropriation for the Institution. It

had passed both houses without change or amendment, but was subsequently lost or otherwise disposed of, with several other important bills, and never reached the hands of the Executive. Improvements and repairs, such as were imperatively demanded, have been made. A new slate roof replaces the corrugated iron one, over the older parts of the building, and an additional pump with extra suction pipe insures abundant and constant supply of water. For the past fourteen years, the only dependence has been upon a single pump and supply pipe, so that in case of accident to the one or stoppage of the other, from accumulation of sediment, the entire water supply was interrupted and the whole Institution *was without water*, a state of affairs not only unpleasant, but dangerous.

PENNSYLVANIA. *Report of the State Hospital for Insane at Danville: 1875.* Dr. S. S. SHULTZ.

There were in the Hospital, at date of last report, 238 patients. Admitted since, 125. Total, 363. Discharged recovered, 28. Improved, 23. Unimproved, 24. Died 28. Total, 103. Remaining under treatment, 260.

The general remarks are mostly concerning the occupation and amusement of patients. Efforts to induce patients to join the working parties have been crowned with variable success. Of the whole number, sixty per cent. were deemed able to engage in out of door employments, and of this proportion, the number on different days, varied from none to above twenty. This experience is, we think, a common one in asylums, and will be best met as the Doctor suggests by a better classification of patients. A ward especially devoted to those who work out with the employés of the farm, and with those in charge of various departments of farm

work, may be found of great advantage. Patients from the other wards of the building to whom so much liberty can not safely be allowed, can be sent out under the charge of attendants.

MARYLAND. *Thirty-Third Annual Report of the Mount Hope Retreat*: 1875. Dr. WILLIAM H. STOKES.

There were, at date of last report, 260 insane patients in the Hospital. Admitted since, 131. Total, 391. Discharged recovered, 55. Improved, 20. Unimproved, 1. Died, 18. Total, 94. Remaining under treatment, 297.

WASHINGTON, D. C. *Report of the Government Hospital for the Insane*: 1875. Dr. C. H. NICHOLS.

There were in the Hospital, at date of last report, 682 patients. Admitted since, 230. Total, 912. Discharged recovered, 78. Improved, 48. Unimproved, 10. Died, 58. Total, 194. Remaining under treatment, 718.

There is in the Hospital a large excess of men. The women's wards contain eleven more than their capacity, while the men's are overcrowded to the extent of one hundred and fifty patients. The question of increasing the accommodations is one which has attracted much attention from the superintendent and the trustees. The plan recommended is that of erecting a separate building for the women. The arguments in favor of this plan are given, and also the experience at the Pennsylvania Hospital for Insane, and the Michigan Asylum at Kalamazoo.

VIRGINIA. *Report of the Central Lunatic Asylum, (for Colored Insane)*: 1874-75. Dr. RANDOLPH BARKSDALE.

There were in the Asylum, at date of last report, 207 patients. Admitted since, 80. Total, 287. Dis-

charged recovered, 30. Improved, 2. Died, 12. Total, 44. Remaining under treatment, 243.

VIRGINIA. *Report of the Western Lunatic Asylum: 1874-75.*
Dr. ROBT. F. BALDWIN.

There were in the Asylum, at date of last report, 334 patients. Admitted since, 135. Total, 469. Discharged recovered, 73. Improved, 11. Unimproved, 3. Died, 26. Total, 113. Remaining under treatment, 356.

The pressure for the admission of patients, and the unpleasant task of making a discrimination between the recent and chronic cases have added much to the labors and responsibility of the superintendent. There are already two hundred and forty patients, for whose admission application has been made to one or other of the asylums of the State. A recommendation is made to the Legislature to appropriate a sufficient amount to provide accommodations for two hundred and forty patients, at the expense of \$500 per capita. Fortunately only the ward capacity is needed, the water supply, gas making apparatus, kitchen and laundry all being sufficient for the increased number of patients proposed. The system of furloughs, established by Dr. Stribling, is continued, as many as thirteen patients being absent at one time. The plan is said to work favorably both for patients and the Institution.

SOUTH CAROLINA. *Fifty-Third Annual Report of the South Carolina Lunatic Asylum: 1875.* Dr. J. F. ENSOR.

There were in the Asylum, at date of last report, 311 patients. Admitted since, 136. Total, 447. Discharged recovered, 40. Improved, 32. Unimproved, 23. Died, 52. Total, 147. Remaining under treatment, 300.

Dr. Ensor renews his request of previous years for means wherewith to enlarge the Institution and to pay

its debts now long in arrears. The difficulties of his position have been very great, and such as no State has the right to impose upon any of its officers, and that these have, at last, become too wearisome to be endured, is not a matter of surprise. The Doctor announces that he will retire from the arduous duties of superintendent, assistant physician and steward of the Asylum, unless something is done to remove from his shoulders the burden of doing the work, and also of carrying a large pecuniary responsibility, incurred to prevent the necessity of turning the patients out of doors and closing them against future comers. The needs, we would say demands, of the Institution are clearly and positively stated. An extension of the men's wards to accommodate eighty patients was put up the past year. There is an equal necessity for increased capacity on the women's side, as the announcement is made that none can be admitted for the coming year, unless a large number be removed by death, as there are only three cases which present a reasonable hope for recovery. We hope soon to have more cheerful news from South Carolina.

ALABAMA. *Fifteenth Annual Report of the Alabama Insane Hospital*: 1875. Dr. PETER BRYCE.

There were in the Hospital, at date of last report, 345 patients. Admitted since, 78. Total, 423. Discharged recovered, 33. Improved, 7. Unimproved, 2. Died, 29. Total, 71. Remaining under treatment, 352.

The call for additional accommodation is urgent in Alabama. The proposition is made, to erect for \$25,000, a new building for the colored patients, whose removal from the wards of the Hospital would make room for sixty more white patients. This is, however, but a small part of what the insane of the State really need, but, such as it is, would be gladly accepted. The

subjects of treatment, amusements, expenditures and support, improvements and repairs, as relating to the Institution are pleasantly and clearly stated. Acknowledgments for remembrances of friends, of the editors of papers, and a notice of the advantages from the publication of the "*Meteor*" close the report.

TEXAS. *Report of the State Lunatic Asylum of Texas: 1875.*
Dr. D. R. WALLACE.

There were in the Asylum, at date of last report, 127 patients. Admitted since, 90. Total, 217. Discharged recovered, 33. Improved, 19. Unimproved, 2. Eloped, 2. Died, 9. Total, 65. Remaining under treatment, 152.

The extension to the Asylum buildings has been completed, and is now occupied by patients. It is a substantial structure, one of the best public buildings of the State, and embodies the most advanced views of hospital construction. The State of Texas has already a large number of insane for whom there are no accommodations. In the present report Dr. Wallace presents arguments to influence legislation in favor of further provisions; these relate to the causation of the disease, the curability of it, and the pecuniary advantage to the State, derived from early care given to all of this unfortunate class. The arguments here adduced are certainly unanswerable, and are so presented as to carry conviction to any candid mind. In this instance they are further enforced by the evidence of a economic and successful administration of affairs.

KENTUCKY. *Report of the Central Kentucky Lunatic Asylum:*
Dr. C. C. FORBES.

There were in the Asylum, at date of last report, 182 white patients. Admitted since, 183. Total, 265.

Discharged recovered, 41. Improved, 10. Unimproved, 4. Eloped, 2. Died, 39. Remaining under treatment, 269.

There were in the Asylum, at date of last report, 46 colored patients. Admitted since, 42. Total, 88. Discharged recovered, 7. Died, 13. Total, 20. Remaining under treatment, 68. Total in Asylum, 337.

KENTUCKY. *Fifty-First Annual Report of the First Kentucky Lunatic Asylum*: 1875. Dr. R. C. CHENAULT.

There were in the Asylum, at date of last report, 536 patients. Admitted since, 81. Total, 617. Discharged recovered, 49. Removed, 7. Eloped, 3. Died, 32. Total, 91. Remaining under treatment, 526.

OHIO. *Twenty-First Annual Report of the Western Ohio Hospital for the Insane*: 1875. Dr. JOHN H. CLARK.

There were in the Hospital, at date of last report, 526 patients. Admitted since, 300. Total, 826. Discharged recovered, 138. Improved, 30. Unimproved, 16. Died, 42. Total, 226. Remaining under treatment, 600.

The percentage of recoveries to admissions has been 46.30. The Institution has hitherto received all applicants for admission, but in the future, as it is now full, a discrimination in favor of recent cases must be made; comments are made upon the increase of insanity, and upon the hereditary character of the disease. The belief that this increase is real and not simply apparent, is entertained, and the causes briefly alluded to. The necessary improvements and repairs have been made, among the most noticeable, are the erection of a conservatory, the renewal of two of the boilers, and the introduction of a telegraphic communication with the fire department of Dayton. The average cost per capita, calculated upon the basis of current expenses is \$2.86 per week.

OHIO. *Second Annual Report of the Commissioners for the construction of the Central Ohio Lunatic Asylum*: 1875.

The new buildings are well advanced toward completion. The walls are up, the roofs on, and the inside work progressing satisfactorily. The amount already expended, is \$1,001,276.05; balance unexpended, \$111,232.95; appropriation asked to complete the work, \$220,000.00; total cost, \$1,332,500. The Commissioners hope to have the buildings ready for occupancy by November of the present year.

KANSAS. *Eleventh Annual Report of the Kansas State Insane Asylum*: 1875. Dr. A. H. KNAPP.

There were in the Asylum, at date of last report, 110 patients. Admitted since, 26. Total, 136. Discharged recovered, 18. Improved, 2. Unimproved, 1. Not insane, 1. Eloped, 1. Died, 2. Total, 25. Remaining under treatment, 111.

The past year has been an eventful one to the insane of Kansas. An appropriation was made to increase the capacity of the present asylum, and to begin a new one at Topeka. The duty of the State, in caring for the insane, which has been too long neglected, promises now to be fulfilled. The work thus provided for, has been successfully carried out, though somewhat delayed by the economy necessarily practiced by the contractors to reduce a large pecuniary loss. An administration building, containing rooms in the fourth story, for temporary use as wards, and a transverse section, will provide capacity for 150 patients, and by over-crowding will probably be made to accommodate 200. The plans for the new asylum at Topeka, both a ground and elevation, are given in the report. These embody many of the advantages of the plan of the Buffalo Asylum, now being erected in this State. The different buildings are connected only by corridors.

The rooms are placed upon one side of the wards, while a central projection to the rear for sleeping rooms, makes up the proper number for a ward. Twenty-five thousand dollars was appropriated to begin the work on the new asylum. It is computed that there are now four hundred insane in the State. These with those annually occurring, will demand all the room prospectively provided in the new asylum, even before its completion. Dr. Knapp has in this report, presented in a forcible manner, the reasons, both humanitarian and economic, why the State should continue this work in this direction, and why prompt action is demanded.

IOWA. *Eighth Biennial Report of the Iowa Hospital for the Insane: 1874 and 1875.* Dr. MARK RANNEY.

There were in the Hospital, at date of last report, 495 patients. Admitted during biennial period, 521. Total, 1,016. Discharged recovered, 144. Improved, 88. Unimproved, 129. Died, 104. Total, 465. Remaining under treatment, 551.

Dr. Ranney again fills the position of superintendent, to which he was recalled, after an absence of less than two years. The first subject that attracts his notice in the report, is the over-crowding of the Asylum, which now contains 250 more than it can well accommodate. He states the disadvantages to the patient, and the lack of true economy to the State, in this crowding together of the insane. The most speedy relief and with the least outlay of means, can be obtained by enlarging six small wards for four patients each, to a capacity for twenty-five. The prejudices and fears of the public, fanned into life, and kept aglow by exaggerated newspaper accounts, which can not be refuted by allowing every individual to satisfy his own curiosity by a personal inspection of all the wards and patients, are proven

to be groundless, as relates to the modern hospitals for the insane, and so also is the popular notion that sane people are knowingly and willfully incarcerated in them. Four cases of doubtful insanity are all that have passed under review of the Superintendent of that Asylum, and all of them were discharged as soon as their real condition was satisfactorily ascertained. The State of Iowa was the first, or among the first, to establish the law, taking from the hands of the superintendent of an asylum, the supervision and control of the correspondence of patients, with the outside world. In the last biennial report, was given the actual working of the law during the last year of its operation. We quoted at length the remarks of Dr. Ranney on the subject, and need only say now, that the result was deemed injurious to the patient, and subversive of discipline. The law has been so amended as to leave the control of correspondence where it formerly was, in the hands of the superintendent. Thus has the folly of legislation, brought about by *pseudo* philanthropists, urged on by the specious plea of an uncured lunatic, in behalf of her companions, whom she had left for their own good, been fully manifested. With a few more exhibits of the results of such a law, as those given by Drs. Ranney of Iowa, and Earle of Northampton, no State will be found desirous of extending its power over an asylum, erected and fostered by its own charity. A detail of expenditures for repairs during the period, and of the future demands, close an interesting report.

IOWA. *Second Biennial Report of the Hospital for the Insane, at Independence: 1874 and 1875.* Dr. A. REYNOLDS.

There were in the Hospital, at date of last report, 113 patients. Admitted during biennial period, 328. Total, 441. Discharged recovered, 55. Improved, 62.

Unimproved, 31. Died, 42. Total, 190. Remaining under treatment, 251.

The Hospital labors under a great disadvantage, from the want of a sufficient number of wards to carry out any efficient system of classification. The sections are completed only on one side of the center building, and patients of both sexes are received. The capacity of the Institution is already over-taxed, and two new wards are to be opened in the administration building, which will accommodate thirty patients more. A full supply of water, for present use, is now obtained, but suggestions are made, looking to further increase. Kerosene is used in place of gas, a most dangerous means of lighting. An appropriation is asked to make the desired change in lighting the present buildings, and to add to their number.

MINNESOTA. *Ninth Annual Report of the Minnesota Hospital for the Insane*: 1875. Dr. C. K. BARTLETT.

There were in the Hospital, at date of last report, 381 patients. Admitted since, 188. Total, 569. Discharged recovered, 66. Improved, 36. Unimproved, 6. Died, 27. Total, 137. Remaining under treatment, 434.

The new Asylum will soon be completed and fully occupied by patients. It will accommodate the insane already in the State, but with no provision for the future. The question of what shall be the policy of the State, regarding the care of the insane receives attention. Dr. Bartlett discountenances any separate provision, by reason of chronicity or incurability, but advocates the erection of first-class hospitals for all who may need their care. As a means of relief to the Institution, and for the advantages to accrue to all interested, he urges that the idiots and imbeciles be removed to some other appropriate place, as a school, a farm, or

in a family, where they can be taught and cared for, at an expense little if any greater than the present cost. The entire expense of running the Institution the last year was covered by the weekly allowance of \$4.00; this year but \$3.75 is asked.

CALIFORNIA. *Biennial Report, and Twenty-Third Annual Report of the Insane Asylum of California: 1874 and 1875.* Dr. G. A. SHURTLEFF.

There were in the Asylum, at date of last report, 1,224 patients. Admitted during biennial period, 615. Total, 1,839. Discharged recovered, 259. Improved, 63. Unimproved, 8. Died, 181. Eloped, 26. Total, 537. Remaining under treatment, 1,302.

A new wing for women has been erected and occupied. This furnishes sufficient accommodations for that sex for the present, and completes the Asylum as originally projected. Upon the causes of the prevalence of insanity in California, we quote the remarks of Dr. Shurtleff.

The prevalence of insanity in California, has led many to suppose that our climate has some direct action in its production. There is no foundation, in fact, for such an opinion. It is true, that in those portions of the earth's surface most favorable to human existence, and to intellectual activity and advancement, insanity will be found in the largest proportion; not from the direct effect of climate, but on account of the more artificial and complex mode of life, and the greater strain to which the mind is subjected in an energetic and progressive population. Our climate from its agreeable temperature, and its healthful and invigorating influence, is conducive to a full share of that mental energy and effort, found in the world's great belt of intellectual development and progress. It is the struggle for equality and supremacy, in all the innumerable pursuits of civilized life, which puts the mind to a test, in which the weak and defective are likely to fail.

Before the period of active progress in California, which commenced with the gold discovery of eighteen hundred and forty-eight, insanity was unknown, though the missionary settlements

had existed three-quarters of a century, and there was at that time a population of European extraction, estimated at fifteen thousand. At the present day, the same number of people, according to the ratio of insanity to the general population, would furnish the Insane Asylum with thirty patients. In eighteen hundred and fifty-two, when all the insane of the State were placed in the hospital at Stockton, out of the one hundred and twenty-four admitted during that year, only three were natives of California. During the seventy-five years already referred to, of the partial settlement of California, by the Spanish-Americans, and other white races, not only was no insanity developed by the climate, but no predisposition to it was established. When the exciting causes came into operation, as late as eighteen hundred and fifty-two, of this class of population there was only one insane person to five thousand, while of the recent immigration there was at the same date, already one insane person to every two thousand of the general population of the same class.

The shock of transplantation, separation from family and friends, disappointments, disastrous enterprises, sudden reverses of fortune, intemperance, fast living, and an unsettled condition of life, are the causes of a great proportion of our mental disorders.

These causes, or most of them, are much more rife in a rapidly increasing population, receiving large accessions annually from the influx of a very distant emigration, than in a more stationary community, whose growth is natural, and proceeds mainly from the multiplication of its own offspring.

It is a serious undertaking for a family of limited means to break up an old home, with all its neighborly attachments and endeared associations, and remove three thousand miles away. Add to the effect of this, the probable disappointments and dissatisfaction in establishing a new one, and we have produced on the mind what I have termed the shock of transplantation. Hence, there has always been, in our foreign immigration, in all the States, a large ratio of insanity.

In California, we have not only a large foreign population undergoing these changes and trials, but our domestic immigration, coming from varied climes and remote parts, suffers similar trials and results. But in addition to these causes of insanity in California, there are peculiar circumstances of location, which give her a great number of insane annually who do not belong to her. Once committed to the asylum, however, they are counted as her own, and, owing to the remoteness of the places to which they

properly belong, they become fixtures for life unless they recover.

* * * * *

There is nothing which presents insanity in such startling proportions as a full enumeration of all its subjects, and an effort to provide for them all at public expense. Twenty years ago, when Massachusetts undertook this proceeding, there were found within her borders one insane person to every four hundred and fifteen of the general population, and many more unprovided for than were maintained, or could be accommodated, in her institutions established especially for their care. "In the short period of nineteen years, the estimated proportion of the insane in England, rose from one in seven thousand three hundred, to one in seven hundred and sixty-nine,"—a difference of more than nine hundred per cent.—produced, not by an increase in the ratio of insanity, but by a better knowledge of the extent of its existence. Dr. Bucknill estimates that in England and Wales, there is one insane or idiotic person to every three hundred of the population.

PRINCE EDWARDS ISLAND. *Annual Report of the Lunatic Asylum, Charlottetown*: 1875. Dr. EDWARD S. BLANCHARD.

There were in the Asylum, at date of last report, 64 patients. Admitted since, 14. Total, 78. Discharged recovered, 9. Improved, 2. Unimproved, 2. Died, 1. Total, 14. Remaining under treatment, 64.

ONTARIO. *Report of the London Asylum for Insane*: 1875. Dr. HENRY LANDOR.

There were in the Asylum, at date of last report, 566 patients. Admitted since, 130. Total, 696. Discharged recovered, 39. Improved, 8. Unimproved, 2. Died, 50. Eloped, 3. Total, 103. Remaining under treatment, 593.

PAMPHLETS, REPORTS, TRANSACTIONS OF SOCIETIES, &c.

American Association for the Cure of Inebriates. Proceedings of the Sixth Meeting held in Hartford, September, 1875.

The address of Dr. Parrish, as President of the Association, gives a flattering view of what has been

accomplished during the past few years. In this the distinction is drawn between the aspects of intemperance as a vice, as a crime, and as a disease. He says that intemperance is diminishing, largely through the influence of the civilizing forces, which multiply as we advance; that delirium tremens and *mania á potu* are of less frequent occurrence, and that "the tendency to them appears to have deviated into what is now-a-days called dipsomania." That the public press no longer looks upon the efforts of the association with suspicion and distrust, and that there is a steady growth of a favorable public sentiment. That institutions for the cure of inebriates are increasing in number, and even Connecticut has listened to the voice of philanthropy, and the Legislature has passed an act which has resulted in establishing an Institution, already located at Hartford.

Another encouraging sign, which is said "to be significant of progress in a direction that was not so soon anticipated."—The Association of Superintendents of Institutions for the Insane, at their last meeting in Auburn, "took a step quite in advance of their former position and practice on the subject, by the passage of resolutions expressive of their opinion, that institutions for inebriates should be established by law and sustained by public appropriations." There is in his view one drawback to full rejoicing, in the fear that these gentlemen have committed a blunder in expressing the opinion that the voluntary committal of inebriates to the care of institutions is "entirely futile, if not worse than useless," and claiming that they should be committed for periods arranged by statutory provision. These principles are of vital importance, and have not been overrated by the Association. A person who voluntarily enters an institution carries with him the power of voluntary discharge, and his submission to treatment,

or restraint upon his conduct, is also voluntary. He may be advised, and his reason appealed to, but his choice of action continues. "Enforced abstinence and compulsory detention" can not be exercised in his case, and depend entirely upon his own will.* It may be said, that if a person does not desire to get well, as the advocates of intemperance as a disease, would say, or to overcome the habit as others may say, he can go his own way and continue his indulgences. This power of choice is what is objected to by the Association. If the State assumes the responsibility and the expense of erecting and keeping in operation an institution of this character, it is for the good of all classes, for those who willingly seek its aid, and for those whom their friends or the community would make the effort to reclaim, even against their own will. It is for the drunkard in the gutter without friends, or means, or culture, who is entirely dependent upon the public, as well as for the man of refinement, who can pay hotel prices for his maintenance, and for whose comfort and care institutions, have in some instances seemed especially to be devoted, the prices charged being utterly beyond the reach of the great mass of people who stand most in need of aid. In State institutions such social distinctions will disappear, and all classes of inebriates will receive the aid they are entitled to. There are no distinctions in statutory law between individuals or classes. The provisions apply to all, the greatest good to society is the standard. In this instance it is the reclamation of the inebriate.

* Judge Balcom, of the Supreme Court, at Binghamton, decided that the forcible detention of an inebriate at the Asylum, was an unconstitutional proceeding, and the patient was accordingly released.

Experience in the care of these persons, has taught the superintendents of insane asylums, that time alone, often a protracted period will effect such changes, both moral and physical as give well grounded hope of their permanence. Even then cases of intemperance are not discharged as recovered from any disease, but in fact, only as sober when they leave the institution. If we take the view of it that is held by those in charge of inebriate asylums, that inebriety is a disease, the situation is not improved, for it is not the recent cases that are received for treatment. It is only after years of indulgence and debauchery that persons find their way thither. They have long suffered from the poisonous effects of alcohol upon the "brain cells," and on the "nutrition of nerve matter," and from all the other effects so fully portrayed in the articles upon the subject. It is even worse than this, for Dr. Parrish says "that there is a diathetic condition which finds its specific expression in alcoholic excess." We have then causes long acting and "diathetic conditions" to deal with. It is hardly necessary for us to recall the general law accepted and acted upon by all physicians, that chronic conditions require protracted and persistent treatment for their removal. Recognizing this, and from the experience gained in treating inebriety in insane asylums, the superintendents incorporated in these resolutions their opinion of the necessity of stringent statutory laws, essentially as already enacted for insane asylums. These resolutions are founded upon experience and the principles of medical science.

The recorded results of treatment in inebriate asylums, is, however, in marked contrast with the above. Dr. Willard Parker, in an article, "Why Inebriate Asylums should be sustained," gives the statistics of cures in the New York State Inebriate Asylum, in com-

•parison with several lunatic asylums. He says there are, in that Institution, one hundred beds and one hundred and thirty-seven patients were discharged cured, during the year, while in the Insane Asylum, at Utica, there were five hundred and eighty beds and one hundred and twenty-two recoveries, in the Pennsylvania Hospital for Insane, with four hundred and twenty-five beds, one hundred and eleven recoveries, and in the Retreat at Hartford, with one hundred and forty beds, forty-five recoveries. Now, it would be interesting to know what is the standard of recovery in the Inebriate Asylum, and whether it means anything more than the "sober" of the Lunatic Asylum.

These statistics would indicate that the frightful effects of alcohol upon the nervous and glandular system, and even the alcoholic diathesis are rapidly recovered from—and that with the alleged freedom from delirium tremens, the whole *disease* is no great shakes after all. Disordered conditions of the brain and nervous system, extending to alterations of brain structure, and involving the most intricate and vitally important ones, the very cells themselves, as claimed by the advocates of inebriety as a disease, we know are of the most serious import, and are only recovered from, even in favorable cases, after prolonged and persistent treatment. No such number of recoveries annually, in excess of the capacity of an institution, or even equaling it, can be realized from any known treatment. In the case of inebriates, either there is no disease of the brain, or their recoveries are not real. If inebriety is a disease, constitutional or otherwise, to be treated, then remedies, and time somewhat commensurate with the duration and extent of the disease are absolutely essential for cure. Congregating such people together, and subjecting them to the moral treatment of idle-

ness, indulgence in the use of tobacco, and card playing, with a moral lecture, once or twice a week, on the evils of intemperance will never cure disease. If we are to have Inebriate Asylums under legislative enactment, let them have such powers as experience has shown to be important to the success of other State Charities, where the afflicted are supported by the benevolence of a generous public and protected by the strong arm of the law.

Of the assertion regarding the diminution of inebriety in the country, Dr. Parrish gives us no data on which to base a judgment, but the statement that there are 20,000 inebriates in the State of Connecticut, a number which nearly equals one-fifth the voting population does not reassure us on this point. The establishment of the Inebriate Asylum in Hartford, would count one more on the list of numbers if the Institution of Dr. Parrish, at Media, had not been abolished.

Several papers were read at the meeting of the Association, one by Dr. Crothers, "On the Etiology of Inebriety," by Dr. Comings "On the Loss of Will Power by Inebriates," by Dr. Mann, "Intemperance and Dipso-mania as Related to Insanity," and one by Dr. Burr, "On the Pathology of Inebriety."

Valedictory Address of Clark Bell, Esq., on retiring from the Presidency of the Medico-Legal Society of New York.

This is a short resumé of the advance made by that Society during the past three years, under the Presidency of the author. In numbers, an increase "from a small list to over 400 members;" in works, many addresses and discussions, some of which have been gathered into a volume and published, and a second

volume is now ready for issue. He recommends that the main portion of the Society shall always be composed of members of the medical or legal professions, but that scientists, chemists and men of letters shall also be admitted in small number, that it shall always be a strictly scientific body, and shall never accept for its government, the technical ethics of either legal or medical societies. He asserts that its usefulness depends upon the composition of its executive committee, and recommends that to it, only gentlemen of eminent attainments in medical jurisprudence shall be elected from the medical members of the society, and that the same rule shall obtain, though perhaps not as strictly in the other professions. He also recommends that a permanent committee shall be formed as in the Medico-Legal Society of France, to consist of nine members, "chosen especially for their scientific attainments and superior knowledge, as experts in matters of medical jurisprudence, from either profession." He quotes from the address of M. Duvergie, when he a second time assumed the presidency of the French Society. "We make an appeal, or rather we make an entirely disinterested offer to magistrates, to advocates, to medical experts, surgeons and chemists, and we say to them, if any difficulty presents itself to you in the discharge of your duties, if the solution of any question embarrasses you, or if you feel any doubts upon your mind, come to us, and with a very little delay you will receive the response from a body of men accustomed to interpret such cases and deduce their consequence." He continues, "this appeal, gentlemen, has been largely heard in all parts of France. Tribunals, magistrates, advocates or physicians, have for six years submitted to us their most difficult questions, and in the generality of cases, the Society has had the good fortune to see its advice taken

in the decisions and judgments which have been rendered." Many valuable books and some donations of money have been received, for the foundation of a library for the Society, and an endeavor has been made to secure "every accessible work in print." By a unanimous resolution of the Society, each of its members voluntarily assumes the obligation of contributing one volume per annum to this library.

Proceedings of the Conference of Charities held in Connection with the General Meeting of the American Social Science Association, Detroit : May, 1875.

Hon. John J. Bagley, Governor of Michigan, when called to the chair, made a short speech in which he says, "show them" the people of the country, "that every dollar that they expend in making their insane asylums large enough to receive the insane in their poor-houses, will save them a dollar, they would otherwise have to pay for county expenses, and the rest will be easy. By all means show them, that what you propose will save them dollars and cents. And you can do it, for it is a fact. Every dollar that has been expended on our Asylum at Kalamazoo, has been returned, and with interest, to the State. It has been again repaid in the restoration of the insane to their families and homes. Of all recent cases received at Kalamazoo, seventy per cent. have been permanently cured; while of those in our poor-houses, less than twenty-five per cent. have been restored to society. So forty-five per cent. of labor is saved by sending our insane to Kalamazoo, and money is made. If we can cure crime, we make money. If we can cure pauperism we make money. To do this we have got to convince the people, and we have got to reach them through their pockets."

Reports were made from various asylums, a concise history of provision for and treatment of insane in New England was read, followed by a general discussion. The recommendations of the society are, that a Commissioner in Lunacy be appointed in each State, and that much greater effort should be made to disseminate throughout the country, more correct views of the nature and causes of insanity, that thus, in many cases, an effort might be made while in an incipient state for its prevention. In support of this recommendation was adduced, the asserted increase of insanity over increase of population in Massachusetts, stated to be twelve per cent. and also the following statements from recent asylum reports. "The more we see of mental disease in its various forms, the more we are convinced that the study of its prevention is infinitely more important than even the study of its cure, and that the dissemination of more correct views of the true way of living and a more rigid observance of the laws of health and nature would greatly diminish its frequency." "It would seem as if the larger appliances and more diversified ministries which have been from year to year brought into requisition have not kept pace with the growing difficulties of treatment, as if the malady was finding a deeper seat, arising apparently in a large proportion of cases from original defect of organization, and less frequently from mere accidental causes." An interesting paper on "Gratuitous Medical Relief" was read, followed by a discussion on removing children from influences tending to pauperize and degrade them. A communication from Miss Mary Carpenter, on that subject was then introduced. After speaking of various institutions which she has visited, both in England and in the United States, she recommends that the State should assume the control of all children under four-

teen years of age, while for youth, above fourteen, convicted of petty crimes, reformatories should be established. She especially deprecates the evil associations, consequent upon the detention of all classes of criminals in a common receptacle, instancing especially the Tombs in New York. A paper on "Emigration" a subject of special interest at this time from a recent decision of the Supreme Court, and a very definite "form of statistical enquiry" to be answered in the next published reports of the various Boards of State Charities, close the proceedings.

On the Unilateral Phenomena of Mental and Nervous Disorders.

By ALEXANDER ROBERTSON, M. D., F. F. P. S. G., &c., &c.

A study of various cases of unilateral mental, motor and other functional nervous disorders, occurring under the author's observation. In thirty-four cases of well marked hallucinations of one or more senses, thirty-one heard imaginary voices or other unreal sounds, twenty-nine had hallucinations of sight, two of taste, and one of smell. Of the thirty-one cases in which the hearing was involved, in five the voices were heard only in the left ear, in five others more in the left than in the right, in one in the right alone, and in two more distinctly in the right than in the left. The disorders of the other senses were bilateral. The author notes the preponderance of hallucinations of hearing in the left side as of interest. Six cases are given in detail. As the result of his investigations these conclusions are presented. "That one-sided psycho-sensorial phenomena are most apt to occur in the milder and more ephemeral forms of insanity, and particularly when it has been caused by the stronger alcoholic liquors." "In some of these cases disease would appear to have begun at the sense organ, and thence to have gradually extended to

the highest cerebral ganglia. At all events, the probability of such extension seems considerable in view of the facts ascertained regarding general paralysis." He mentions a case recently published by Dr. Clouston. "In which disease of the nervous system, beginning by blindness, afterward developed into general paralysis with insanity. On examination by the microscope, that gentleman was able to trace degeneration along the optic nerves and tracts as far as the corpora quadrigemina." "In all likelihood, illusions or hallucinations are much more frequently due to disease in the sensorium itself or in the perceptive centers, which there is reason to think exist in the hemispherical ganglia."

Mortuary Statistics of the Mutual Life Insurance Company of New York, from 1843 to 1874.

This volume includes the report of the medical department of the Company, by Drs. G. S. Winston and E. J. Marsh, and of the actuarial department, by W. H. C. Bartlett, LL. D. It is based upon the statistics of 101,967 insured lives, and 5,385 deaths. The Mutual Life has reached such an age, and its experience has included such a number of lives as to make its statistics worthy of study and confidence. They furnish a basis for future guidance far more trustworthy than the tables made from experience gained in other countries, in which there must necessarily be many elements foreign to our own country and period. The tables and deductions give many interesting facts regarding the relative frequency of the various forms of disease, at different periods of life, among different nationalities, and under the varying circumstances of climate and geographical location. From diseases of the nervous system, there were eight hundred and forty-nine

deaths, of these three hundred and seven were from apoplexy, one hundred and ten from congestion of the brain, one hundred and thirty-two from disease of the brain, and twenty eight from insanity. This class of diseases appear to have increased somewhat during the past few years, but the increase is attributed to the fact that more elderly persons are insured now than formerly. There are many details of great interest to those engaged in life insurance, and to medical practitioners. The enlightened spirit which dictated the compilation of this work by Dr. Winston, and the presentation of it to the public in such perfection of typographical art, by this popular and prosperous company, can hardly be too highly commended.

On the Treatment of Amputations by the Open Method. By
FREDERIC S. DENNIS, M. D., House Surgeon, Bellevue Hospital.

A monograph of twenty-one pages, containing the records of seven consecutive major amputations, and conclusions drawn from seven others, also from resections of knee and elbow joints, and amputations of the female breast, all treated by this method. These operations occurred in the service of Dr. James R. Wood, in Bellevue Hospital, and were performed by him, or under his direction. They were made in persons of deteriorated vigor, from bad habits and surroundings, and were treated in wards abandoned as maternity wards from a fearful prevalence of puerperal fever, yet in no case was the suppurative fever severe, and every one made a good recovery, a result that may safely challenge comparison. The cut surfaces were left without sutures, adhesive strips, or dressings of any kind, but were frequently syringed with carbolic lotion, and all instruments, and the hands of the surgeon were washed in carbolated water, after dressing each case. When nearly healed, the shape of the stump was in some

cases influenced by adhesive strips. The author claims that by this method suppurative fever is modified, and largely obviated, that septicæmia is not likely to occur, that any tendency to formation of abscesses is prevented, that erysipelas seldom supervenes, and that recoveries are much more rapid, and their number largely augmented. These assertions are certainly substantiated by the records given, and promise a new era in surgical results.

Extract from the Ninth Annual Report of the State Board of Charities of the State of New York, relating to Pauper Children in New York County. By WILLIAM P. LETCHWORTH, Commissioner Eighth Judicial District.

About 775 children and youth, between the ages of two and sixteen years, are cared for, in a group of eleven buildings, on Randall's Island. They are comfortably fed and moderately clothed, yet entirely without the better features of asylum care, since most of the nurses are obtained from a low class of society, and are assisted by a large number of work-house men and women of the most degraded class. The result of such association is inevitably bad, fostering all the evil tendencies already existing from birth and breeding. Efforts made for their advancement, by the superintendent, a few officials and teachers of character, fall powerless before the influence and example of their constant companions, who also exercise over them a certain authority. He states that ophthalmic diseases of a contagious character are prevalent, and that at the time of his visits, there were three children totally blind, and ten blind in one eye, while in the Nursery Hospital, fifty-seven children had sore eyes, seven were blind, and three blind in one eye, thus entailing the expense of a life long support, of at least ten persons, and probably many more. The report advises that the es-

tablishment be broken up, and the children be supported in the various asylums through the State, which will receive them, where they will be among more favorable surroundings, and through better training be more likely to escape a life of pauperism and degradation.

Also an Extract from the above Report, relating to the Bearing of the Sanitary Condition of Towns, and the Crowding of Population into Filthy, Ill-Ventilated and Badly Drained Tenement Houses, upon the Increase of Pauperism. By H. L. HOGERT and A. A. LOW, Commissioners of New York and King's Counties.

The report was, however, prepared by Dr. A. M. Bell, and is a carefully written article upon the tenement house system of New York and Brooklyn, adducing statistics to prove that the increased expense in those cities, from sickness and death, and consequent non-production, also that arising from vice, pauperism and crime, which may be referred to this system, is perfectly enormous. It recommends that by legislative enactment, squares of houses be destroyed and their sites converted into parks and breathing places for the dense population that would remain, and that no houses intended for the occupancy of more than four families shall be erected, excepted in accordance with stringent sanitary requirements.

The Surgical Anatomy of the Carotid Arteries, as deduced from one hundred and three consecutive dissections. By JOHN A. WYETH, M. D., of the Bellevue Hospital Medical College.

In these dissections, very accurate measurements were made of the bifurcation of the common carotid, of the exact point of origin of each of the arteries arising from the external and internal carotids, and of their relations to surrounding blood vessels, nerves and muscles. These have been carefully tabulated, illustrated with

diagrams, and are given either in confirmation or refutation of the views of the most prominent anatomists, which are also published, forming a valuable source of ready reference to the surgeon. The conclusion which the author desires most strongly to emphasize, is that "the common carotid should never be touched, to arrest hæmorrhage from injuries to the external carotid."

Hereditary Disease. By J. M. WINN, M. D., M. R. C. P., &c., formerly Resident Physician of Sussex House Lunatic Asylum.

In this pamphlet the author endeavors to strengthen a belief, previously announced, in what he terms a "correlation of morbid forces," by which, as he explains, he means that mania, epilepsy, phthisis, scrofula, gout, cancer and rheumatism belong to a single family, are mutually convertible, generally hereditary, though frequently latent, and that when they assert themselves they do so in obedience to the exhibition, explosive or otherwise of their "morbid force." Especially does he insist upon the convertibility of insanity and phthisis. He gives in illustration, six cases where the patient suffered from more than one form of disease, one following the other, in two cases alternating more than once; and twelve cases where the patient suffering from one disease of the list had near relatives who suffered from another, and asserts that "cases like these can be multiplied to any extent." In the case of insanity following phthisis, the author does not appear to sufficiently regard the direct physical effect of the latter in producing the former, and that the physical changes, which it occasions, are the direct cause and not simply another form of the same disease. However all can join in the practical conclusion that hygienic rules should be carefully adhered to in the treatment of all children, and where an hereditary tendency is suspected, prophylac-

tic measures in diet, and medical treatment should be adopted.

Micro-Photographs in Histology, Normal and Pathological. By CARL SEILER, M. D., in conjunction with J. GIBBONS HUNT, M. D., and JOSEPH G. RICHARDSON, M. D.

We have received the prospectus of a new Journal, with the above title. It will be issued monthly, and each number will contain four plates, with descriptive letter press, at a cost of \$6.00 per annum. The publishers are J. H. Coates & Co., 822 Chestnut Street, Philadelphia. We are glad to see that American talent is the first to occupy this field of journalism. We cordially welcome the effort, and hope the profession will give it an ample support. We feel a special interest in the matter, as for some years systematic investigations have been carried on in this direction in the Asylum, and by the Editors of this JOURNAL, which, we believe, was the first in the country, to present in its regular issue, illustrations of this class of work. We can not forget in this connection, Dr. J. J. Woodman, of the U. S. A., was the first to *successfully* produce the micro-photographic picture. Under so accomplished a microscopist as Dr. Richardson, we may expect the best results.

A Thesis on the Dual Constitution of Man or Neuro-Psychology.
By S. S. LAWS, A. M., M. D

This pamphlet is entirely founded upon an hypothesis which the author repeatedly calls a theory, and though ingenious in its argument is of no real value. It, however, in the author's estimation, leads to an entire revision of the classification of mental disorders which now obtains, and to an overthrow of the accepted principles of their causation. He attempts to strengthen his argument by conclusions, drawn from in-

correct statements of physical laws. Had the author dealt with facts rather than mere speculations, his work might have possessed a value which can not now be attached to it.

The Relations of the Nervous System to Diseases of the Skin.
Parts 1st and 2d, also

Two Cases of Exophthalmic Goitre Associated with Chronic Urticaria. By L. DUNCAN BULKLEY, A. M., M. D.

We have here records of a large number of skin diseases associated with more or less marked nervous disturbance, carefully collated, or occurring under the author's observation. He says that by such a number of cases, a strong association is proven, yet is at present unwilling to assert that any skin disease, herpes zoster excepted, is a true neurosis, since so great a number of similar cases of nervous difficulty are constantly occurring, without skin disturbance.

An Address Delivered to the Graduating Class in the Medical Department of Yale College. By HENRY P. STEARNS, M. D., Superintendent Retreat for the Insane, Hartford, Conn.

This address is a rapid and comprehensive review of the advance made in different branches of medicine, and especially in psychological medicine during the last half century; with a just and liberal view of the cares, duties and rewards of a faithful practitioner. It is written in a graceful and scholarly style.

Self-Injection of the Bladder, &c. By W. H. VAN BUREN, A. M., M. D., Professor of the Principles and Practice of Surgery, &c., &c., in Bellevue Hospital Medical College, &c., &c., and by E. L. KEYES, A. M., M. D., Adjunct Professor of Surgery, and Professor of Dermatology in Bellevue Hospital Medical College, &c., &c.

Hermaphroditism from a Medico-Legal Point of View, from the French of Basile Poppesco. By EDW. WARREN SAWYER, M. D., Lecturer on Obstetrics, Rush Medical College.

The Mind. An Introductory Lecture delivered November 4, 1875.
By D. A. MORSE, M. D.

Service at the Dedication of the Elizabeth Chapel at the Retreat for the Insane, Hartford: December 23, 1875.

Forty-Fourth Annual Report of the Perkins Institution and Massachusetts Asylum for the Blind: 1875.

Fifty-Fifth Annual Report of the New York Eye and Ear Infirmary: 1875.

Fourth Annual Report of the Roosevelt Hospital New York: 1875.

Report of St. Elizabeth's Hospital and Home, Utica: 1873-74-75.

Thirteenth Annual Report of the Catholic Protectory: 1875.

Twenty-Eighth Annual Report of the Massachusetts School for the Idiotic and Feeble-Minded Youth: 1875.

Transactions of the American Ophthalmological Society, Eleventh Annual Meeting: July, 1875.

Transactions of the Medical Society of the District of Columbia: January, 1876.

AMERICAN LUNATIC ASYLUMS.

Sir:—I have received letters and journals from several medical superintendents of asylums for the insane in the United States, calling my attention to a leader in *The Lancet* of November 13th last. My correspondents feel much aggrieved with that article, and have asked me to publish the truth as I have recently observed it as to the treatment of the insane in their country. I had hoped before this time to have published some notes on this interesting and important matter, but ill-health has prevented me from doing so, and I feel that no further delay should occur in my asking you to do justice to a class of highly honorable and meritorious medical men.

With the general principles of your leader regarding the proper treatment of the insane, it is well known that I entirely concur. I had the honor to serve under the non-restraint flag more than thirty years ago, when the fight was hot and undecided, and I am not likely to desert it now when the peace which follows victory

has been so long established among ourselves. I think, moreover, that we have a task of duty and obligation before us in converting our American brethren to our views and practice; but in order to succeed in this, it is essential that we should clearly understand and appreciate their position.

The use of mechanical restraint in the excellent State asylums of America, and in the admirable hospitals for the insane there, is no part of a system of negligence and inhumanity, and therein it differs *toto cælo* from its use in our country in former times, and in some foreign countries at the present time.

On this ground, therefore, I have no doubt that the adherence of the Americans to mechanical restraint in the treatment of the insane is solely an error of judgment, and, as you so forcibly express it, "an imputation on their professional acumen and social sagacity." But merely to asseverate this would be purely a *petitio principii*. We must prove it; and to do so, to change their opinions and assimilate them to ours, will, I see, be all the more difficult because the error stands so much alone, and because their opinions on all collateral questions are so enlightened and so much like our own; as it is notorious that in the propaganda of religious creeds conversions are most rare where theological opinions and moral practices are least removed.

The statement in your leader by which the American superintendents feel themselves most aggrieved is the following one:—"They adhere to the old terrorism tempered by petty tyranny. They resort to contrivances of compulsion; they use at least the hideous torture of the shower-bath *as a punishment* in their asylums, although it has been eliminated from the discipline of their gaols. And, worse than all, if the reports which reach us may be trusted, their medical superintendents leave the care of patients, practically, to mere attendants, while devoting their own energies principally to the beautifying of their colossal establishments."

I have no hesitation, sir, in assuring you from my own knowledge and observation, that, in all the above respects, the reports which have reached you are not to be trusted. I visited in the spring of last year ten of the public asylums in the United States, and enjoyed the most ample opportunities of observing the treatment of their inmates; and I say, most unreservedly, that I never saw the slightest indication of "terrorism tempered with petty tyranny." The fault of the Americans does not lie in the direction of harshness, but rather in that of timidity and fear of responsibility.

It is my constant habit, when I go over an asylum, carefully to examine all closets, bath-rooms, and out-of-the-way conveniences; and it is a singular fact that I never once found a shower-bath in in any one of the asylums which I visited in the States. In some of them I made inquiry as to the absence of this means of treatment so common with us, and formerly so much abused; and I was assured that it did not exist. As an instance, Dr. John P. Gray, assured me that, in the New York State Asylum, under his charge, there had been no shower-bath in existence for eighteen years. Of course I can not answer for what may be the practice in each of the numerous asylums scattered over a vast continent; but I can affirm that, in the asylums of the old settled States which I visited from Boston to Washington, the shower-bath is not used as a punishment, and, perhaps, too little used as a remedy.

On that count of the indictment which is "worse than all," your information has been certainly erroneous. So far from the medical superintendents of asylums in the States, leaving the care of their patients to mere attendants, the reality for which I vouch is that the American superintendents bring themselves more constantly and intimately into personal relation with their patients than it is the custom to do in our public asylums, and, moreover, they are assisted in the care of their patients by a much larger medical staff than our institutions usually possess. I could easily name large English asylums in which the medical care of the patients devolves entirely upon the medical superintendent and one solitary medical assistant who is also the dispenser; while in asylums of the same size in the States the medical superintendent would have at least two, but more generally three or four resident medical men to aid him in his professional duties. Here, again, I shall cite the example of the asylum for the State of New York, at Utica, where the resident medical staff consists of the medical superintendent, four assistant physicians, and a special pathologist—in all, six medical men to about six hundred insane patients. In the Washington Asylum, with seven hundred and fifty patients, the resident medical staff consists of four physicians, and I think, a dispenser. In the Pennsylvania Hospital for the Insane, containing four hundred and sixteen patients, the resident medical staff consists of four physicians. Even in asylums in which the management is far more open to criticism, than in those I have named I observed this large amount of the medical element on the staff, and in this most important matter it seems to me that we in this country may well take a leaf out of the book of example which we may find in the States.

I fully admit that there are asylums in the States the condition of which is grievously bad, and I have no hesitation in stating, from what I saw, that the large asylums for New York and Philadelphia are disgraceful to the municipal authorities of those cities. But this is not the fault of the medical superintendents further than it may be said to be their fault to hold office and discharge duties under circumstances which give them no fair play. I pity the patients in these asylums from my heart, but I have some pity also for conscientious and laborious medical men, who painfully endeavor to discharge their duties to the best of their ability under the vulgar rule of a municipality moved only by motives of party politics and unintelligent economy.

I remain, sir, your obedient servant,

JOHN CHARLES BUCKNILL.

Hillmorton Hall, Rugby, January 28, 1876.

—*London Lancet.*

On a Form of Insanity which may be termed Toxiphobia. By CHARLES A. CAMERON, M. D.

From time to time persons of various ranks in life consult me in cases of supposed, or rather assumed, poisoning, of which they are, as they assert, the victims. Being public analyst for several large towns and many counties, my name has become known to the lower classes in those places, and this accounts for the fact that among my *clients* are laborers, artisans, &c. In 1860 I commenced to keep a record of these cases, and I find that (excluding *bona fide* instances of poisoning) they number sixty-three. This is rather a large number, and shows that many persons believe that attempts are being made to get rid of them by poison. Each of the sixty-three persons to whom I refer was under the impression that some person or persons were endeavoring to poison, or *philter*, him or her, as the case might be; but after careful inquiry and consideration, I came to the conclusion that each of these persons was the victim of a delusion. Of course, persons occasionally consult me who have reasonable ground for suspecting the attempted, or actual, administration of poison, but I do not include such cases as those among the sixty-three above referred to. I propose to apply the term toxiphobia to a species of monomania which is by no means rare, and those laboring under which believe that persistent attempts are being made to poison them. Of the sixty-three toxi-

phobias, only two were obviously insane; the others were only under one delusion—the apprehension of being poisoned. The following is a rough classification of the sixty-one cases (those of the complete lunatics being excluded):—

Eight men imagined that women were administering love-potions to them (no woman suffered under a similar delusion;) twelve men felt certain that their wives were trying to get rid of them by poison; nine women labored under a similar delusion with respect to their husbands; three female servants thought that fellow-domestics were attempting their lives; two men servants had a similar suspicion; one man and four women believed that members of their respective families were endeavoring to poison them; two persons stated that relatives who were possessed of property were poisoned by persons who sought to get possession of it; in eight cases the toxiphobias asserted that the persons with whom they lived or lodged, were attempting to poison them, in order to acquire possession of their effects; a petty sessions clerk thought that the disappointed candidates for the office which he held were endeavoring to poison him in revenge; a gentleman believed that an unsuccessful rival in a love affair had bribed the servants of the former to poison him; the wife of a laborer in a gas-works insisted that a female of her husband's acquaintance sought to poison her, in order that she might get possession of the complainant's husband; a person who was supposed to be an important witness for the plaintiff in a long pending Chancery suit lived in continual apprehension of being poisoned by emissaries of the defendant—he kept perpetually changing his lodgings, cooked his own food, would not use milk or other articles into which poison could be readily introduced, but, nevertheless, plied his business—that of a solicitor's clerk—intelligently and creditably, as I was informed. In the other cases I failed to learn the supposed motives of the imaginary poisoners; but still they were, undoubtedly, cases in which there were no real grounds for believing in the attempted administration of poison.

In all these (sixty-one) cases the toxiphobias, so far as I could discover, were perfectly sane upon all points except the one. One was a person of title, several belonged to the professions (one being a physician,) and many were of the lowest rank in life. The wife of a barrister believed that her husband was anxious to get rid of her, in order to marry a younger woman. She asserted that he was in the habit of pressing her to drink wine (which always had a peculiar flavor,) which she believed contained a slow poison, but

in which I could not detect either a peculiar flavor or poisonous matter. For many years this lady had entertained this suspicion, but had never mentioned it, she said, to any one except myself. I was acquainted with some of her friends, and it appears that no one—not even her husband—knew she was a monomaniac. Another woman, who suspected that her husband was slowly poisoning her, induced her relatives, by false representations (one of which was that she had submitted food to me which I pronounced to have poison in it,) to share her opinion, and a separation was the result. Subsequent events proved that the husband had no such intention; but though the toxiphobiac's relatives recanted their opinion of his conduct, she did not, and refused to return to him. This lady was clever, agreeable, and, on every point save the one, apparently perfectly sane.

The petty sessions clerk already referred to had some whimsical notions relative to the plans which his supposed attempted poisoners adopted, in order, to use his own words, to "get the poison into" him. He brought me a night-cap and night-shirt, which, he said, were charged with some subtle poison, for when he put them on they made his "skin creep," and produced a pain resembling the "sting of nettles." Colored fabrics sometimes produce dermatitis, but the articles in question were made of plain white calico. He said that his persecutors came at night, and blew into his room through the key-hole, through the window (if left open,) and even down the chimney, a white powder, which, when inhaled, produced great irritation of the lungs, followed by "weakness." He informed me that he was a stranger in the town where he was acting as petty sessions clerk, and that there had been several local applicants for the situation, some of whom, "out of revenge," were trying to get rid of him by means of poison. I made inquiries respecting this man, and found that he discharged his duties satisfactorily, and that no one suspected him to be the victim of any delusion.

A lady highly connected, moving in fashionable society, and apparently perfectly *compos mentis*, is perpetually bringing me articles of food and drink, for the purpose of ascertaining therein the presence of poison. She suspects that her brother and sisters are anxious to get rid of her, in order to acquire her property, but she tells me that she has never accused them of this design. She is always quite satisfied when I tell her that I have found no poison in the wine, or butter, or sugar, &c., which she had given me; but I know that in a few weeks or months I shall have another visit

from her. No one save myself appears to be aware that this lady is a monomaniac.

Sometimes toxiphobias are incredulous when informed that no poison is found in the articles analyzed for them. Some years ago a young gentleman suspected that a lady, in order to further her matrimonial designs upon him, was in the habit of administering some potent drug in his food. He always expressed surprise when informed that no drug or poison could be found in the suspected articles. On one occasion, however, I detected in tea a minute quantity of tobacco cut into the finest shreds; I informed him of the nature of the mixture, and (feigning anger) taxed him with having himself put the tobacco into the tea. He confessed that he had done so, in order to prove whether or not analysis could detect the presence of poisons in minute quantities. After this I saw him no more.

Philters (*φιλτρον*, a love-charm, or potion) seem to have been used from an early period by the Greeks and Romans; and among the latter, during the period of the empire, their manufacture was carried out upon a large scale, and their sale conducted openly. It need hardly be said that their use resulted in madness, imbecility, and physical disease, instead of the effect they were warranted to produce. Caligula's madness was by some attributed to philters administered to him by his wife, Caesonia, for the purpose of retaining the tyrant's affections. Lucretius is also said to have been deprived of his reason by a love-potion. In the middle ages we find few references to philters, but in modern times deaths from their administration occasionally occur. In the case of *The Queen* against *Manifold* for murder, tried at the Wicklow Summer Assizes, 1875, the prisoner was accused of having poisoned a girl (his sweetheart) by administering to her phosphorus paste. He was acquitted, but the popular impression was that the phosphorus had been given to the girl as an aphrodisiac. Many of the persons who came to me with articles of food and drink for examination were under the impression that they contained drugs intended to excite the sexual appetite; but though I looked for cantharides and all the other so-called aphrodisiacs, I never found any; nor do I believe that in those cases there had been any attempt to administer them.—*Dublin Journal Med. Science.*

SUMMARY.

DEATH OF DR. WILKIE.—We are called upon to record the death of another member of the specialty, and of the Association of Superintendents.

Dr. James Warren Wilkie, Superintendent of the Asylum for Insane Criminals, at Auburn, died on the 13th of March, of organic disease of the heart. He was born at Manlius, Onondaga County, New York, on the 7th of July, 1825. He studied medicine with Drs. Moore and Taylor, of that village, and attended lectures at the Albany Medical College, from which he was graduated in 1847. He began the practice of medicine at Sandy Hill, Washington County, New York, and in 1852 removed to Auburn, where he continued his professional labors. In 1870, he was appointed Superintendent of the Asylum, and continued in that position until his death. He was a member of the State Medical Society, and had been the President of the Cayuga County Medical Society. In 1872, he received the honorary degree of A. M., from Middlebury College, Vermont. This is the record of his honors, but it gives us little knowledge of the man. He was as generous of heart, as he was large of stature, and endeared himself to his patients and friends in a peculiar manner. There was a combination of qualities in the Doctor, which seemed to draw forth the love and respect of all with whom he came in contact. His medical brethren bear testimony to his kindness, and manliness, and to his uniform courtesy in all professional intercourse. The Christian religion was the foundation of his symmetrical life and character. He

was governed by its precepts, and made it the guide of his daily life. As a public officer, he discharged his duties with scrupulous fidelity. His economy in expenditure of the funds entrusted to him, and his exactness in accounting for their faithful use were marked traits of his official life. The institution as enlarged and improved under his charge, will remain as a monument of his industry and ability. The Cayuga County Medical Society, passed resolutions expressive of their "high appreciation of his skillful and successful professional career, and of his moral standing as a citizen, which have deservedly gained him the respect and esteem of a large circle of friends, and reflected honor upon our profession." He was buried from the church of which he was a member. His funeral was attended and conducted by his masonic brethren, the members of Salem Town Commandery of Knights Templar.

—At the close of the year, Dr. John Charles Bucknill resigned the position of Chancellor's Visitor of Lunatics, which he held for a number of years, and the responsibilities of which he discharged with distinguished ability. We are glad to learn that Dr. J. Crichton Browne, of the West Riding Asylum, has been appointed to fill the vacancy. No better successor could have been selected. Dr. Browne was a pupil of Dr. Bucknill, and is a young man of a high order of talent, of great earnestness and energy, and an enthusiastic worker in his profession. It is to be hoped that the appointment will not suspend the important investigation originated by Dr. Browne, and so ably set forth in the West Riding Reports.

—Dr. Carlos F. MacDonald has been appointed Superintendent of the Asylum for Insane Criminals, at Auburn, vice Dr James W. Wilkie, deceased.

—Dr. Lewis Slusser resigned the position of Superintendent of the Northern Ohio Asylum, on the 15th of November, 1875. His resignation was accepted to take effect on the 4th of January, 1876. On the 17th of November, Dr. J. Strong was appointed to the vacancy thus created.

—Dr. D. J. Boughton, formerly Second Assistant Physician, has been appointed Superintendent of the Hospital for the Insane, at Mandota, Wisconsin, vice Dr. McDill, deceased.

—An International Medical Congress will be held in the University of Pennsylvania, Philadelphia, September 4th to 7th. The following persons are appointed to deliver addresses upon the subjects named.

Address on Medicine, by Austin Flint, M. D., Professor of Practice of Medicine in Bellevue Hospital Medical College, New York.

Address on Hygiene and Preventive Medicine, by Henry I. Bowditch, M. D., President of State Board of Health of Massachusetts.

Address on Surgery, by Paul F. Eve, M. D., Professor of Operative and Clinical Surgery in the University of Nashville.

Address on Obstetrics, by Theophilus Parvin, M. D., Professor of Obstetrics in the College of Physicians and Surgeons of Indiana.

Address on Medical Chemistry and Toxicology, by Theodore G. Wormley, M. D., Professor of Chemistry in Starling Medical College, Columbus, Ohio.

Address on Medical Biography, by J. M. Toner, M. D., of Washington, D. C.

Address by Dr. Hermann Lebert, Professor of Clinical Medicine in the University of Breslau.

Address on Medical Education and Medical Institutions, by Nathan S. Davis, M. D., Professor of Principles and Practice of Medicine in Chicago Medical College.

Address on Medical Literature, by Lunsford P. Yandell, M. D., late Professor of Physiology in the University of Louisville.

Address on Mental Hygiene, by John P. Gray, M. D., LL. D., Superintendent and Physician to the New York State Lunatic

Asylum, Utica, New York, Professor of Psychological Medicine and Medical Jurisprudence in Bellevue Hospital Medical College, New York.

Address on Medical Jurisprudence, by Stanford E. Chaillé, M. D., Professor of Physiology and Pathological Anatomy in the University of Louisiana.

The Congress will be divided into nine sections for voluntary contributions; these are on Medicine, Biology, Surgery, Dermatology and Syphilology, Obstetrics, Ophthalmology, Otology, Sanitary Science and Mental Diseases. In the latter, papers will be read upon the subjects, and by the persons indicated, as follows:

1st Question. The Microscopical Study of the Brain. Reporter, Walter Kempster, M. D., Physician and Superintendent of Northern Hospital for Insane, Oshkosh, Wisconsin.

2d Question. Responsibility of the Insane for Criminal Acts. Reporter, Isaac Ray, M. D., of Philadelphia.

3d Question. Simulation of Insanity by the Insane. Reporter, C. H. Hughes, M. D., of St. Louis, Mo.

4th Question. The Best Provision for the Chronic Insane. Reporter, C. H. Nichols, M. D., Physician and Superintendent of the Government Hospital for the Insane, Washington, D. C.

INTERESTING POST MORTEM EXAMINATION.—From the Ninth Annual Report of the Kansas State Penitentiary, we extract the following record of a post mortem examination, held on the body of a discharged convict, and reported by Dr. William B. Carpenter, Physician to the Prison.

In my last report, I referred to the case of an attempted suicide by one of the convicts, who wounded the brain by thrusting wires through holes previously made through the skull with an awl. This convict lived to the expiration of his term in prison, and during the last few months of his term seemed to recover his mental equilibrium, with no disposition to injure himself; in fact, showing a strong desire to live and get well, as would be evinced

after an occasional epileptic paroxysm, a sequel, no doubt, of his previous injuries, and the presence of foreign bodies afterwards discovered.

A short time, however, after his release, he died from an overdose of morphia, obtained at a drug store in Leavenworth, and evidently taken to obtain rest at night, and relief from headache, as the evidence before the coroner's investigation proved. The post mortem revealed the presence of a piece of No. 20 broom wire, nearly three inches long, and a small nail or brad, side by side, imbedded in the substance of the brain, thrust through an opening in the top of the head, and a similar piece of wire, side by side with a large needle, with some inches of thread attached, in the brain at the *side* of the head. The wounds in the skull were completely healed, inclosing these articles for ten months—certainly one of the most remarkable cases in medical history.

VORACITY.—A post mortem examination of a lunatic, who died in the Prestwich Asylum, led to the discovery of no fewer than 1,841 indigestible articles in his body, namely, 1,639 shoemakers' sparsables, six four inch cut nails, nineteen three inch, eight two and a half inch, eighteen two inch, forty one-half inch, and seven three-eighth inch cut nails; thirty-nine tacks, five brass nails, nine brass brace-buttons, twenty pieces of buckles, one pin, fourteen bits of glass, ten small pebbles, three pieces of string, one piece of leather three inches long, one piece of lead four inches long, and one American pegging awl—the total, eleven pounds, ten ounces.

PROTESTANT LUNATIC ASYLUM IN ONTARIO.—From the *Montreal Gazette* of November 23d, we learn of a project for the erection of a Protestant Lunatic Asylum, in the Province of Ontario. At a meeting called to consider the subject, the following resolution was unanimously adopted.

“That it is a matter of prime necessity, that adequate provision should be made for the care and treatment of the Protestant insane, and that the following gentlemen be a committee to draw up a plan

to be laid before a future meeting, and that they be authorized to communicate with the Provincial Government, and report upon the whole matter at an early period:—Sir A. T. Galt, Charles Alexander, G. W. Stephens, Henry Lyman, Alfred Perry, Frederick Mackenzie and Peter Redpath, with power to add to their number.”

—The thirtieth annual meeting of the Association of Medical Superintendents of American Institutions for the Insane, will be held at the “Continental Hotel,” in the City of Philadelphia, Pennsylvania, commencing at 10 o’clock, A. M., of Tuesday, June 13, 1876.

Resolved, That the Secretary, when giving notice of the time and place of the next meeting, be requested to urge on the members the importance of prompt attention at the organization, and of remaining with the Association till the close of its sessions.

By standing resolutions, the Trustees of the several Institutions are invited to attend the meeting of the Association.

When an Assistant Physician represents an Institution, a notice stating that fact should be sent to the Secretary.

JOHN CURWEN,

HARRISBURG, March 15, 1876.

Secretary.

—We wish to obtain copies of number four, volume four, for April, 1848 of this JOURNAL, also of the following reports of the New York State Lunatic Asylum, number four, 1846, number nine, 1851, and number thirty, 1872. Any one having duplicates or broken sets which they do not intend to fill, will confer a favor by sending us the numbers specified. For these we will give in return a corresponding number of copies of the report or JOURNAL, or pay their value in money.

—We intend to present in the July number of the JOURNAL, the “Notes on American Asylums,” by Dr. Bucknill, in which he gives his impressions formed during his visit to this country last summer.



